

South River Board of Education
HEALTH BENEFITS PROGRAM
Business Administrator
 South River Board of Education • 15 Montgomery Street • South River, New Jersey 08882
HEALTH PLAN DEPENDENT ELIGIBILITY

Name of Employee _____ Social Security # _____ - _____ - _____

To enable South River Board of Education to determine the eligibility of the dependent spouse and/or dependent child(ren) listed on my Health Benefits application for coverage in the South River Board of Education Health Benefits Program, I state the following with respect to my spouse and/or child(ren) listed below (Please Print):

NAME OF SPOUSE			
LAST NAME	FIRST NAME	DATE OF BIRTH (Month/Day/Year)	SOCIAL SECURITY #
NAME(S) OF CHILD(REN)			
LAST NAME	FIRST NAME	DATE OF BIRTH (Month/Day/Year)	SOCIAL SECURITY #

- **You must provide proof of marriage for yourself and your spouse.** Please submit a copy of your marriage certificate/civil union certificate. Do not send the original. The Board of Education cannot return these documents.
- **If your name is not the same as it appears on your dependent proof documentation,** then you also need to provide proof of your name change. The following documents are acceptable forms of proof of a name change (copy of any ONE):
 - Marriage record (civil union certificate)
 - Change of name affidavit
 - Court order authorizing name change
 - Divorce record
- **You must provide proof of dependency for any covered dependents on your health insurance policy.** Do not send the original. The Board of Education cannot return these documents. Please provide a copy of any ONE of the following:
 - Original Birth Certificate (with raised seal)
 - Qualified Medical Child Support Order (QMCSO)
 - Official Adoption Certificate
 - Official Documents designating the final adoption or the *placement* of Adoption
 - Official State Correspondence showing Proof of Guardianship (either State Agency Document or Court Document stating Guardianship)

Employee Information

Print Full Name	Date
Address	Work Phone #

Signature: _____ (must be the same name as printed above)

I hereby certify that the statement and information submitted above is correct.