



DOCUMENTATION OF FAMILY MEMBER STATUS

Before family members may be enrolled in any of health benefit programs, the following proof of status must accompany your enrollment form(s) within thirty (30) calendar days of eligibility. Please note that in addition to the following documents, a social security number for every member covered is also required.

FOR A SPOUSE: (legally wed spouse as defined by state law)

_____ The first page of the most current **Federal 1040 Tax Return AND** a copy of the **certified** marriage license (court copy) or a copy of the marriage certificate duly witnessed and signed by both parties immediately following the ceremony. If the marriage occurred this year, only the marriage certificate copy is required. On the Federal Tax Return, the financial information may be blacked out.

FOR A DOMESTIC PARTNER: (effective January 1, 2020, all partners can register as “domestic partners” with the California Secretary of State regardless of their sexual orientation)

_____ A certified copy of the Declaration of Domestic Partnership that was filed with the California Secretary of State (once filed, the form is stamped by the state)

FOR A CHILD:

_____ A **certified** copy of the child’s **official** birth certificate. New Born Exception: certificates issued by a hospital are accepted. The official birth certificate should be submitted when available.

_____ Proof of legal adoption or intent to adopt as set forth in the Summary Plan Document, or

_____ A copy of a court or administrative order requiring the employee, spouse, or domestic partner to provide group health coverage.

NOTE: a totally disabled dependent child who is covered up to age 26, is unmarried and dependent for Federal Income Tax purposes may remain covered after age 26; the member must request a Disabled Dependent Certification form within 30 calendar days of the loss of coverage. The completed and signed form must then be reviewed and approved by the carrier’s Medical Review board.

Before you may request that a family member be dropped from any of the health benefit programs, the following proof of status must accompany your change to plan forms:

FOR A SPOUSE:

_____ A copy of the final divorce decree

FOR A DOMESTIC PARTNER:

_____ Proof that the Notice of Termination of Domestic Partnership or nullity of the domestic partnership is complete. Dependent children of a domestic partnership eligibility ends six (6) months following the filing of the Notice of Termination of Domestic Partnership with the Secretary of State.

IMPORTANT: It is the employee's responsibility to notify Health Benefits in Business Services when a dependent is no longer eligible to be on their health benefit plans. Failure to notify the district could result in reimbursement of paid claims by the employee.