

Dependent Verification Documentation Required

Dependent Relationship	Required Documents	Acceptable Documentation
Spouse Your legally married spouse. A legal spouse does not include an individual from whom you have obtained a legal separation or divorce.	If married in 2019, provide: • A copy of your Marriage Certificate If married before 2019, provide: • A copy of your Marriage Certificate AND • A copy of your 2018 Federal Tax Return (front page of Form 1040 through Line 6) OR • Proof of shared residence via Common Address Document	Marriage Certificate 1. Date of Marriage 2. Name of Employee 3. Name of Spouse 4. Issued by Government Agency 2018 Federal Tax Return 1. Page 1 of Form 1040, lines 1-6 to verify eligibility 2. Black out first 5 digits of social security numbers 3. Black out all income reference Common Address Document Bank/Credit Card Statement; Insurance Bill; Mortgage/Lease Statement; Motor Vehicle Statement; or Utility Bill 1. Dated within last six months 2. Address matches employee address on file 3. Name of spouse on document 4. Official letterhead 5. Black out financial information

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Child under age 26 Your dependent child under age of 26. The term child includes the following: • A natural biological child; • A stepchild; • A legally adopted child or a child legally placed for adoption as granted by the action of a federal, state, or local government agency responsible for adoption administration or a court of law if the child has not attained age 18 as of the date of such placement; • A child under your (or your spouse's) permanent legal guardianship as ordered by a court; • A child who is considered as an alternate recipient under a Qualified Medical Child Support Order (QMCSO)	To verify your child, provide <u>one</u> of the following: • Birth Certificate OR • Adoption Certificate OR • Placement Agreement OR • Document of Legal Guardianship/Custody OR • Hospital Birth Record within 90 days	Birth Certificate: 1. Date of Birth 2. Name of Dependent(s) 3. Name of Employee or Verified Spouse 4. Issued by Government Agency Adoption Certificate: 1. Court Seal 2. Date of Birth 3. Name of Dependent(s) 4. Name of Employee or Verified Spouse Adoption Placement Agreement: 1. Date of Birth 2. Name of Dependent(s) 3. Name of Employee or Verified Spouse 4. Notarized Signature of Placing Parent Documentation of Legal Guardianship/Custody: 1. Name of Dependent(s) 2. Name of Employee or Verified Spouse 3. Signature of Placing Parent or Institution Representative 4. Notarized Hospital Birth Record within 90 Days: 1. Date of Birth within last 90 days 2. Name of Dependent(s) 3. Name of Employee or Verified Spouse 4. Name of Hospital

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Eligible Disabled Dependent An unmarried disabled dependent child over the age of 18, who is mentally or physically handicapped and who is incapable of engaging in self-sustaining employment due to such incapacity.	To verify your eligible disabled dependent, provide <u>one</u> of the following: • Birth Certificate OR • Adoption Certificate OR • Placement Agreement OR • Document of Legal Guardianship/Custody AND • 2018 Federal Tax Return (front page of Form 1040 through line 6)	Birth Certificate: 1. Date of Birth 2. Name of Dependent(s) 3. Name of Employee or Verified Spouse 4. Issued by Government Agency Adoption Certificate: 1. Court Seal 2. Date of Birth 3. Name of Dependent(s) 4. Name of Employee or Verified Spouse Adoption Placement Agreement: 1. Date of Birth 2. Name of Dependent(s) 3. Name of Employee or Verified Spouse 4. Notarized Signature of Placing Parent Documentation of Legal Guardianship/Custody: 1. Name of Dependent(s) 2. Name of Employee or Verified Spouse 3. Signature of Placing Parent or Institution Representative 4. Notarized 2018 Federal Tax Return 1. Page 1 of Form 1040, lines 1-6 to verify eligibility 2. Black out first 5 digits of social security numbers 3. Black out all income reference