

**RASHP
Required Dependent Eligibility
Document Checklist**

As part of the commitment to control healthcare costs, RASHP is taking steps to ensure that only eligible dependents are covered under our health care plans. In order to ensure that each dependent enrolled in the health plans is accurately listed and eligible for coverage, the following documents are required to enroll a newly eligible employee, to add a new dependent to an existing RASHP Health or Dental Plan, or to reinstate coverage for a dependent terminated as ineligible as part of the dependent verification program.

Single Contract	No documents are required
2 Person or Employee & Spouse/Domestic Partner	Documents required
Family No Spouse or Employee & Children	Documents required
Family Contract	Documents required

Please request and review these documents and return the documents to the employee upon checklist completion.

Spouse

- A copy of your marriage certificate/civil union certificate
AND
- One form of documentation dated within the last 2 months establishing current marital status, such as a joint household bill, joint bank / credit card account, joint mortgage or lease, or front page of your jointly filed federal tax return

Domestic Partner

- Completed affidavit of domestic partnership
AND
- One form of documentation dated within the last 2 months establishing the current status of the relationship such as joint household bill, joint bank/credit account statement or joint mortgage or lease

Children / Grandchildren

- A copy of the child's birth certificate, naming you or your spouse (or domestic partner, if applicable) as the child's parent, or appropriate court order / adoption decree naming you, your spouse, or domestic partner as the child's legal guardian
OR
- If applicable, a copy of a divorce decree granting full or joint custody (names of all parties must be included)
OR
- If applicable, a copy of a court-issued Qualified Medical Child Support Order (QMCSO) or other court order where you are required to provide healthcare (names of all parties must be included)

Note: Grandchildren MUST be under the legal guardianship of, adopted by or under a court order mandating health care coverage for the employee

Disabled Dependents

- A copy of the child's birth certificate, naming you or your spouse (or domestic partner, if applicable) as the child's parent, or appropriate court order / adoption decree naming you, your spouse, or domestic partner as the child's legal guardian
AND
- A copy of the front page of the employee's most recently filed federal tax return confirming the status of the child as a dependent
OR
- If applicable, a copy of a divorce decree granting full or joint custody (names of all parties must be included)
OR
- If applicable, a copy of a court-issued Qualified Medical Child Support Order (QMCSO) or other court order where you are required to provide healthcare (names of all parties must be included)

Affidavit/Signature

Employee Name (print)	Employee Signature	Date
District Rep Name (print)	District Rep Signature	Date

See Reverse for Definition of Eligible Dependents

Definition of Eligible Dependents

Eligible Spouse

Your legal spouse or civil union partner as evidenced by a marriage or civil union certificate.

Eligible Domestic Partner (if applicable)

Your qualifying same or opposite sex domestic partner as established by plan guidelines. Is at least 18 years old, not related to the employee by blood or a degree of closeness that would prohibit marriage in the law of the state in which the couple resides, and not married to or in a domestic partnership with any other person; is capable of consenting to a domestic partnership; shares a common residence and financial responsibility with an employee.

Eligible Children / Disabled Dependents

Your unmarried child younger than age 26 (for medical plans)*; coverage may be extended to a child of any age who is incapable of self-sustaining employment because of mental illness and/or physical, mental or developmental disability.

A child is defined as your natural child; stepchild; adopted child or child placed with you for adoption provided that he/she is dependent upon you for support; child who is chiefly dependent upon you for support and for whom you are the court appointed legal guardian; or child for whom you are required to provide health insurance and/or support by means of a legal order.

An employee's grandchild for whom the employee has legally adopted or accepted legal guardianship of or for whom the employee is legally required to provide health insurance is also an eligible dependent.

*Dental plans have varying limiting ages and may require current full time student status for children age 19 and older. A current full time student schedule should be obtained for children falling into this category. Typical full time student status for an undergraduate program is generally 12 credit hours per term while graduate programs are generally 9 credit hours per term.