

Required Documentation for Proof of Eligibility

Definition of Eligible Dependent	Proof Type	Required Documentation for Proof of Eligibility
<p>Legal Spouse (two documents required) A person of the opposite sex who is legally married to an employee.</p>	<p>Proof of Relationship (one document)</p> <p style="font-size: 2em; font-weight: bold; margin: 10px 0;">PLUS</p> <p>Proof of Shared Obligations and Responsibility (one document)</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ○ Marriage Certificate: Must contain <ul style="list-style-type: none"> ● Name of the employee ● Name of the spouse ● Date of marriage ● Certifier's signature/official seal; OR ○ Tax Return Indicating Married (first page only): Must contain <ul style="list-style-type: none"> ● Tax authority is either state or federal ● For the most current or immediately previous tax year (e.g., 2010 or 2009) ● Name of the employee ● Name of the spouse ● Married filing jointly or married filing separately ● If married filing separately, spouse's name must appear on form <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information.</i></p>
		<p>One of the following:</p> <ul style="list-style-type: none"> ○ Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease: Must contain <ul style="list-style-type: none"> ● Name of the employee ● Name of the spouse ● Statement date from the year 2010 or 2011 ● Name of the mortgage company/landlord/rental company; OR ○ Joint Bank Account or Joint Liabilities (credit cards, car lease): Must contain <ul style="list-style-type: none"> ● Name of the employee ● Name of the spouse ● Statement date from the year 2010 or 2011 ● Name of the bank or lending company; OR ○ Designation of Spouse as beneficiary for Life Insurance, or Legal Will or Trust: Must contain <ul style="list-style-type: none"> ● Name of the employee ● Name of the spouse ● Notarization date ● Notary signature

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<p>Domestic Partner (two documents required)</p> <p>A person of the same sex or opposite sex with whom you have entered into a domestic partnership and for which the following apply:</p> <ul style="list-style-type: none"> • Share the same regular and permanent residence • Have a close personal relationship • Are jointly responsible for <i>basic living expenses</i>* • Are not currently married to anyone else • Are both 18 years of age or older • Are not related by blood closer than would bar marriage in the State of Washington • Were mentally competent to consent to contract when our domestic partnership began, and • Are each other’s sole domestic partners and are responsible for each other’s common welfare. <p><i>“Basic living expenses” means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.</i></p>	<p>Proof of Relationship (one document)</p> <p>PLUS</p> <p>Proof of Shared Obligations and Responsibility (one document)</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ○ Washington State Issued Declaration of Domestic Partnership: Must contain <ul style="list-style-type: none"> • Name of the employee • Name of the domestic partner • Establishment date of domestic partnership • Notarization date • Notary signature; OR ○ Notarized Affidavit of Domestic Partnership Issued by King County: Must contain <ul style="list-style-type: none"> • Name of the employee • Name of the domestic partner • Establishment date of domestic partnership • Notarization or Certification date • Notary or Certifier signature or stamp <hr/> <p>One of the following:</p> <ul style="list-style-type: none"> ○ Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease: Must contain <ul style="list-style-type: none"> • Name of the employee • Name of the domestic partner • Statement date from the year 2010 or 2011 • Name of the mortgage company/landlord/rental company; OR ○ Joint Bank Account or Joint Liabilities (credit cards, car lease): Must contain <ul style="list-style-type: none"> • Name of the employee • Name of the domestic partner • Statement date from the year 2010 or 2011 • Name of the bank or lending company; OR ○ Designation of Domestic Partner as beneficiary for Life Insurance, or a Legal Will or Trust: Must contain <ul style="list-style-type: none"> • Name of the employee • Name of the domestic partner • Notarization date from the year 2010 or 2011 indicating the document is still in effect • Notary signature

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<p>Child of the Employee, Spouse and/or Domestic Partner (one document required)</p> <p>Includes any of the following under the age of 26:</p> <ul style="list-style-type: none"> • A biological child • A stepchild • A legally adopted child or a child legally placed for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption • A child legally designated your ward (includes a legally placed foster child or a child placed with you as his/her legal guardian) • A child named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan. <p>Disabled Child</p> <p>Coverage may continue beyond age 26 if the child:</p> <ul style="list-style-type: none"> • Was incapacitated and covered under the plan before the age of 26 • Is incapable of self-sustaining employment • Is incapacitated due to a developmental or physical disability, and • Is dependent on you for more than 50% support and maintenance. <p>Coverage is provided indefinitely, as long as the child's disability is medically substantiated on an annual basis.</p>	<p>Proof of Relationship (one document)</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ○ Birth Certificate: Must contain <ul style="list-style-type: none"> • Name of the employee, spouse or domestic partner • Name of the child • Date of birth; OR ○ Hospital Birth Record: Must contain <ul style="list-style-type: none"> • Name of the employee, spouse or domestic partner • Name of the child • Date of birth; OR ○ Naturalization Certificate or Consular Report of Birth Abroad: Must contain <ul style="list-style-type: none"> • Name of the employee, spouse or domestic partner • Name of the child • Date of birth; OR ○ U.S. Tax Return Showing Child Exemption (first page only): Must contain <ul style="list-style-type: none"> • Tax authority as either state or federal • The most current or immediately previous tax year (e.g., 2010 or 2009) • Name of the employee, spouse or domestic partner • Name of the child • Relationship of the child to the parent indicated as either "Son" or "Daughter" <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information; OR</i></p> ○ Adoption Paperwork: Must contain <ul style="list-style-type: none"> • Name of the employee, spouse or domestic partner • Name of the child • Notary signature/indication document has been filed in court; OR ○ Legal Guardianship Court Order: Must contain <ul style="list-style-type: none"> • Name of the employee, spouse or domestic partner • Name of the child • Notary signature/indication document has been filed in court; OR ○ Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO): Must contain <ul style="list-style-type: none"> • Name of the employee, spouse or domestic partner • Name of the child • Statement of responsibility for health coverage • Notary signature/indication document has been filed in court

		<p>PLUS, if disabled and 26 years or older</p>
	<p>Proof of Disability (applies to children age 26 and over)</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ○ Signed Physician’s Letter: Must contain <ul style="list-style-type: none"> • Name of the child • Confirmation of physical or mental incapacity making the child incapable of self-support • Physician’s signature; OR ○ Supplemental Security Income (SSI) Award or Benefit Change Letter: Must include <ul style="list-style-type: none"> • Name of the disabled child (or be addressed to the child c/o guardian or parent) • Indication that document was issued by the Social Security Administration • Clear statement that the letter is related to the child’s Supplemental Security Income (SSI)