



Documentation for Dependent Eligibility List

To cover any dependent on your Medical, Dental, or Vision plan you must provide documentation verifying each dependent's eligibility. Please fax a copy of this form along with the applicable documents to the Benefits Department at **888-505-7130** within your new hire window or within 31 days of a life status change.

PLEASE SEND COPIES OF ALL DOCUMENTATION; ORIGINAL DOCUMENTS WILL NOT BE RETURNED.

Employee Name: _____ Employee ID: _____

Spouse or Common-Law Spouse	
Proof of Relationship (any one of the following documents*):	
	First page of the recent (within the last two filing years) Federal income tax return form 1040 that indicates "married filing jointly" (financial information and Social Security may be blocked out)
	First page of the recent (within the last two filing years) Federal income tax return form 1040 that indicates "married filing separately", your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (financial information and Social Security may be blocked out)
	Presently valid legal marriage certificate, must include date of marriage
	Presently valid religious marriage certificate, must include date of marriage
	Presently valid affidavit or declaration of Common Law Marriage from Alabama, Colorado, the District of Columbia, Georgia (prior to 1997), Idaho (prior to 1997), Iowa, Indiana (prior to 1958), Kansas, Montana, Oklahoma (prior to 1991), Pennsylvania (prior to 2003), Rhode Island, South Carolina, Texas, or Utah
Natural child(ren), adopted child(ren), or child(ren) for whom you have been appointed full legal guardianship (not temporary for less than 12 mos.); under age 26	
Proof of Relationship (any one of the following documents*):	
	First page of the recent (within the last two filing years) Federal income tax return form 1040 showing the child listed as a dependent (financial information and Social Security may be blocked out)
	Child's legal birth certificate showing the relationship with the employee
	Hospital birth certificate showing the relationship with the employee
	Baptism certificate showing the relationship with the employee
	Official court order (divorce decree/custody agreement) demonstrating child's relationship with the employee
	Legal adoption papers; must indicate child's date of birth and show relationship with the employee
	Legal guardianship papers showing the relationship with the employee
	Qualified Medical Child Support Order (QMCSO) showing both the employee and child listed
Stepchild(ren) who reside(s) with covered employee; under age 26	
Proof of Relationship (any one of the following documents*):	
	First page of the recent (within the last two filing years) Federal income tax return form 1040 showing the child listed as a dependent (financial information and Social Security may be blocked out)
	Official court order (divorce decree/custody agreement) showing the primary physical residence of the child is with the employee's spouse
* EXCEPTION FOR CHILDREN OF YOUR SPOUSE:	
If you are an employee providing documentation for a child of your spouse, documentation must also include	

any one of the documents listed for spouse even if your spouse is not covered by the Health plan.	
Child under 26 who is a full-time student	
Proof of Relationship and Full-Time Student Status (the following sets of documents):	
	Any one of the documents listed above for proof of relationship for natural child(ren), adopted child(ren), or child(ren) for whom you have been appointed full legal guardianship (not temporary for less than 12 mos.); under age 26
	Any one of the documents listed above for proof of relationship and residency of stepchild(ren) who reside(s) with covered employee; under age 26
	- AND - Official accredited college/university/institution documentation that indicates full-time student status for the most recent semester (all documents must include the following pre-printed information: name of the dependent, name of the school, semester or quarter in which the student is enrolled and total number of credit hours or indication of full-time status)
Child dependent of employee, has mental or physical incapacity incurred/medically documented prior to age 26	
Proof of Relationship (any one of the following documents):	
	Any one of the documents listed above for proof of relationship for natural child(ren), adopted child(ren), or child(ren) for whom you have been appointed full legal guardianship (not temporary for less than 12 mos.); under age 26
	Any one of the documents listed above for proof of relationship and residency of stepchild(ren) who reside(s) with covered employee; under age 26
	- AND - Physician statement certifying that the dependent child is disabled and that the disability began prior to age 19 or between 19 and 25 if a full-time student

Please fax a copy of this completed form and copies of any applicable documents to 888-505-7130. If your individual situation does not allow you to supply any one of the documents listed, please contact the Benefits Department via email (benefits@drivetime.com) to discuss additional options.