

Dependent Verification for Health Coverage

Documentation must be provided if you wish to add a dependent (spouse, child, partner or partner's child) to your health coverage. Health coverage affected includes medical, dental, dependent life and family accidental death and personal loss insurance. **All supporting documentation (as described below) must be received prior to your coverage begin date.**

- This certifies that all dependents covered under my health insurance are my legal dependents as defined in the MCCCCD Benefit Provisions Document. I understand that Insurance fraud is generally defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made" and disciplinary action will be taken, up to and including termination, should this occur. In addition, I understand I will be held liable for any claims or fees incurred for the individual that is not a dependent.

Print Employee Name	Employee ID
Signature of Employee	Date

- This certifies that proper documentation was received to verify that all dependents covered on MCCCCD's health insurance are legal dependents as defined in the MCCCCD Benefit Provisions Document.

Documentation Provided Includes:

Proof for Dependent Child

- Birth Certificate
- Document from Hospital with Name and Birth Date
- Adoption papers
- Legal Guardianship substantiated by a Court Order
- Medical Support Court Order
- Other _____

Proof for Dependent Spouse or a Domestic Partner

- Marriage License
- MCCCCD Affidavit of Domestic Partnership with supporting information
- Other _____

Signature of Benefit Analyst	Date
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List of Acceptable Documents

Documentation must be provided if you wish to add a dependent (spouse, child, partner or partner's child) to your health coverage. Health coverage affected includes medical, dental, dependent life and family accidental death and personal loss insurance. **Social Security #'s or qualified alternate ID #'s are required for all dependents.** Photocopies of document are accepted.

Required Attachments to Enroll a Dependent in Coverage:

Proof for Dependent Child

- Birth Certificate
- Document from Hospital with Name and Birth Date
- Adoption papers
- Legal Guardianship substantiated by a Court Order
- Medical Support Court Order

Proof for Dependent Spouse or a Domestic Partner

- Marriage License
- MCCCCD Affidavit of Domestic Partnership with supporting information

Dependent Definitions

A dependent child consists of: the employee's children or the children of the employee's spouse. This includes natural children, legally- adopted children, step children, children placed for adoption, children under legal guardianship substantiated by a court order and living with the employee and children who are entitled to coverage under a medical support order. Dependent children's spouses and/or children are not eligible dependents of the employee.

Children of a Domestic Partner consist of: The children of the domestic partner, including natural children, legally adopted children and children under legal guardianship substantiated by a court order. These children are eligible for dependent coverage if they are primarily dependent on the domestic partnership for support, reside with the domestic partners in a regular parent child relationship, meet the age/school requirements of the benefit plan and meet the definition of an eligible child under the Internal Revenue Service Code § 152.