

DEPENDENT **VERIFICATION** **REQUIREMENTS**

Please note: ALL BACKUP VERIFICATION MUST BE RECEIVED IN THE BENEFITS DEPARTMENT NO LATER THAN 30 DAYS AFTER SUBMITAL UNLESS PRIOR AUTHORIZATION IS OBTAINED.

To All New Employees:

VERIFICATION FOR DEPENDENTS IS MANDATORY IN ORDER FOR HEALTH INSURANCE PLANS TO BECOME EFFECTIVE.

Eligible dependents on medical plans are:

- Spouse
- State Registered Domestic Partner, same sex or opposite sex if one or both are over the age of 62.
- Children, dependent on the employee for at least 50% support. For medical, dental and vision plans, dependents may be covered up to age 26 (or 18 if you have court ordered guardianship of the dependent, per probate law, unless otherwise stated by the court order).

When covering a spouse:

You will need to verify eligibility of spouse by copy of Marriage Certificate.

When covering a State Registered Domestic Partner:

Verification for domestic partners is a Declaration of Domestic Partnership from the State of California. (In support of the California Insurance Equality Act.)

When covering a dependent child:

You will need to verify eligibility of dependent(s) by copy of birth certificate or copy of court or legal order of adoption or guardianship or equivalent. Dependents of dependent (i.e.: grandchildren without court ordered custody or guardianship) are excluded from coverage eligibility.

If you have any questions, please call the Benefits Department at (909) 357-7600, ext. 29010 or 29011.