Dependent Eligibility Verification Form

Employee Name: ______________________________ **Employee #:** ____________________

I wish to add or drop the listed dependents from the following plans:

☐ Medical, Dental, and Vision* ☐ Medical ☐ Dental ☐ Vision*

*Temporary Employees are not eligible for Vision Coverage

Date of Event	Event Type	Deadline to Enroll/Remove Dependents From Coverage	Benefits Effective/End Date
ADD DEPENDENT(S):			
	New Hire	Within 30 days of Hire date	1st day of the following calendar month OR if hired on the 1st working day of the month coverage will be effective on the date of hire. Temporary employees are effective the 1st day of the month following 60 days of continuous employment.
	Marriage	Within 30 days of marriage	1st day of the following calendar month
	Domestic Partner (DP)	Within 30 days of establishing Domestic Partnership	1st day of the following calendar month
	Birth	Within 60 days of birth	Date of birth
	Adoption	Within 60 days of adoption or placement for adoption	Date of birth for a child adopted or placed for adoption within 60 days of birth. Date of adoption or placement for a child older than 60 days of birth
	Legal Custody	Within 60 days of court-appointed legal guardianship	1st day of the following calendar month
	Loss of coverage	Within 30 days of loss of coverage **OR** 60 days for involuntary loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP)	1st day of the following calendar month
	Annual Open Enrollment	Last day of Open Enrollment	The 1st of January the next calendar year
	Other (Explain)		
DROP DEPENDENT(S):			
	Obtained other Coverage	Within 30 days of obtaining other coverage	The last day of the prior calendar month
	Divorce/Legal Separation	Within 30 days of the divorce or legal separation	The last day of the calendar month
	Dissolution of Domestic Partnership	Within 30 days of the dissolution of the domestic partnership	The last day of the calendar month
	Death of a Dependent	Within 30 days of the death	Date of death
	Other (Explain)		

List all eligible dependents to be Added to, or Removed from, your benefit plan(s) AND attach required supporting documentation as identified on the reverse side of this form by the required deadline date listed above.

Dependent Name	Relationship	Birthdate	Tax Dependent?	City of Tacoma Employee?	Gender M or F
	☐Spouse ☐ DP ☐Child ☐DP Child ☐Step Child **SSN:**		☐Yes ☐No	☐Yes ☐No	
	☐Spouse ☐ DP ☐Child ☐DP Child ☐Step Child **SSN:**		☐Yes ☐No	☐Yes ☐No	
	☐Spouse ☐ DP ☐Child ☐DP Child ☐Step Child **SSN:**		☐Yes ☐No	☐Yes ☐No	
	☐Spouse ☐ DP ☐Child ☐DP Child ☐Step Child **SSN:**		☐Yes ☐No	☐Yes ☐No	
	☐Spouse ☐ DP ☐Child ☐DP Child ☐Step Child **SSN:**		☐Yes ☐No	☐Yes ☐No	

By signing below, I understand that if I am found to be covering an ineligible dependent(s), it may be considered fraud or intentional misrepresentation and could result in discipline up to and including termination of employment and the termination of coverage, including retroactive termination of coverage for my ineligible dependent(s), and I may be responsible for repayment of claims and any costs associated with providing coverage to the ineligible dependent(s).

Employee Signature ____ **Date** ________________

Daytime Phone Number ____

Benefits Office Use Only
Eligibility verified by___________

Revised 11/2019

Definitions and Acceptable Supporting Documentation for Dependent Eligibility

ADDING DEPENDENTS

Review the information below to ensure the dependents you wish to add to your City of Tacoma benefits meet the plan eligibility requirements and to determine what supporting documentation must be submitted by the deadline dates listed on the reverse side of this form. Supporting documentation will vary based on the reason your dependent is being added.

REMOVING DEPENDENTS

Review the information below for the supporting documentation that must be submitted by the deadline dates listed on the reverse side of this form. Supporting documentation will vary based on the reason your dependent is being dropped.

Spouse: *Your current legal spouse*

Add to coverage:

- A current valid legal marriage certificate, which must include the date of marriage that supports the current spousal relationship.
- **Or, if Applicable** - Verification documents that the spouse has lost other insurance coverage.

Drop from coverage:

- A copy of the divorce decree (first and last page) or copy of the court ordered legal separation paperwork (first and last page).
- **Or, if Applicable** - Verification documents that the spouse has obtained other insurance coverage.

Domestic Partner: *Your grandfathered domestic partner who meets the requirements of the City of Tacoma Affidavit of Domestic Partnership and was registered and on file with the City as of Dec. 31, 2016, OR, after Jan. 1, 2017, is registered with the State of Washington under chapter 26.60.030 RCW.*

Add to coverage:

- A valid certificate of State-registered domestic partnership.

Drop from coverage:

- A valid certification of State-registered domestic partnership dissolution/termination.

  Note: If the domestic partner relationship was registered and on file with the City as of December 31, 2016, the employee must submit a City of Tacoma Affidavit of Termination of Domestic Partnership form.

Child under age 26: *Your children to age 26 may include: A natural child, adopted child or a child legally placed with you for adoption including a child for whom you have assumed a total or partial legal obligation for support in anticipation of adoption, a stepchild or domestic partner's child or a child for whom you have legal guardianship or court-ordered custody.*

Note: If you are providing documentation for a child of your legal spouse or domestic partner, you must also submit eligibility documentation for your Spouse or Domestic Partner, unless this information has been previously submitted.

Add to coverage:

- The child's legal birth certificate naming you, your spouse, or your domestic partner as the child's parent.
- A final court order (divorce decree/custody agreement) naming you, your spouse or your domestic partner as the child's parent.
- Legal adoption papers issued by the courts naming you, your spouse or your domestic partner as the adoptive parent.
- Legal guardianship/custodian papers issued by the courts naming you, your spouse or your domestic partner as the child's guardian/custodian.
- A Qualified Medical Child Support Order (QMCSO) showing you are required to provide medical coverage for the child.
- Verification documents that the child has lost other insurance coverage.

Drop from coverage:

- Verification documents that the child has obtained other insurance coverage.
- A final court ordered (divorce decree/legal separation) between you and your spouse.
- A valid certification of State-registered domestic partnership dissolution/termination.

  Note: If the domestic partner relationship was registered and on file with the City as of December 31, 2016, the employee must submit a City of Tacoma Affidavit of Termination of Domestic Partnership form.

Child age 26 and over: *Any dependent disabled child, over the age of 26 who otherwise meets the criteria for "child" and is incapacitated due to developmental disability, physical handicap, or a mental health diagnosis, that would prevent the child from establishing and maintaining consistent employment or independence, provided the child was covered on the day before the 26th birthday and the incapacity occurred prior to the 26th birthday.*

Please contact the Benefits Office for further information.

City of Tacoma Benefits Office | 253-573-2345 | benefits@cityoftacoma.org | 747 Market St., Rm. 1420, Tacoma, WA 98402

The IRS has established rules for your elections, which dictate that once you have made your elections for the plan year, you may not change them until the next annual Open Enrollment period, unless a qualifying life event occurs. When experiencing a Qualifying Life Event, refer to the ***Qualifying Life Event*** document on the Benefits Division website for more details about other changes you may want to consider with your benefit elections, beneficiary designations, tax withholding, etc.