

# American Greetings Medical Dependent Eligibility Verification Requirements

## Use this worksheet to determine:

- Whether or not your dependents are "Eligible" or "Ineligible" for medical
- What documentation you need to provide to verify any dependent you indicate is "Eligible"

**Do not return this worksheet with your affidavit and documents.**

**Do not send original documents with your affidavit.**

**Your dependent coverage is pended until you provide documentation to verify eligibility by the required deadline. If documentation is not provided, you will not be able to add your dependents to coverage, unless you experience a qualifying life event and provide documentation or during open enrollment.**

	<b>Checklist to determine "Eligible" or "Ineligible"</b>	<b>Documentation to Verify Eligibility (DO NOT SEND ORIGINALS)</b>
<b>Spouse</b>	<p>Please check the following boxes if these statements are true. If you are able to check the two statements below, your spouse is "Eligible." If any of the statements below are not true, your spouse is "Ineligible."</p> <p><input type="checkbox"/> Your spouse is currently legally married to you</p> <p><input type="checkbox"/> Your spouse is NOT legally separated from you ("legally separated" means a court-ordered separation exists)</p>	<p>Copy of marriage certificate <b>OR</b> valid marriage documentation from a church.</p> <p><b>AND</b></p> <p>Bank or credit card statement with common address, <b>OR</b> current tax return with dependent listed, <b>OR</b> investment statement with common address, <b>OR</b> mortgage or lease statement with common address, <b>OR</b> motor vehicle statement with a common address.</p> <p><b>Mark out all financial information and all but the last four digits of all social security numbers.</b></p>
<b>Domestic Partner or Civil Union</b>	<p>Please check that the following statements are true. If you are able to check all of the statements below, your Domestic Partner is "Eligible." If any of the statements below are not true, your Domestic Partner is "Ineligible."</p> <p><u>  </u> We are in an ongoing and committed spouse-like relationship;</p> <p><u>  </u> We are each at least 18 years of age;</p> <p><u>  </u> We are not related by blood closer than permitted by state law applicable to marriage;</p> <p><u>  </u> We are each not legally married nor in a Domestic Partnership or Civil Union with anyone else;</p> <p><u>  </u> We have resided together for at least the last six months;</p> <p><u>  </u> We are mentally competent to consent to contract;</p> <p><u>  </u> We are financially interdependent, and</p> <p><u>  </u> We have not entered into the relationship solely for the purpose of plan coverage for the domestic partner</p>	<p>Completed and notarized Affidavit of Domestic Partnership and Civil Union along with:</p> <p><b>Proof of permanent residence:</b> a document establishing a common residence for at least the past six months, such as a 'residential lease' identifying both partners as tenants, or a "common-join ownership" of a residence such as a house condominium or mobile home</p> <p><b>AND</b></p> <p><b>Proof of financial interdependence, such as:</b> a joint banking account, joint investment account joint ownership or lease of a motor vehicle</p> <p><b>Mark out all financial information and all but the last four digits of all social security numbers.</b></p>

Dependents	Checklist to determine “Eligible” or “Ineligible”	Documentation to Verify Eligibility (DO NOT SEND ORIGINALS)
<b>Children (under age 19)</b>  natural, foster, stepchild, adopted or children of domestic partner	<p>Please check the following boxes if these statements are true. If you are able to check ONE of the following statements, your child(ren) are “Eligible”. If you cannot check any of the boxes, your child(ren) are “Ineligible.”</p> <p><input type="checkbox"/> These dependents are your unmarried or married child(ren) (natural, foster, step, and adopted children; children placed with you for adoption; children of your domestic partner or and any other children related to you by blood or marriage for whom you can provide proof of legal guardianship).</p>	<p><b>Copy</b> of adoption certificate, <b>OR</b> adoption placement agreement, <b>OR</b> baptismal certificate <b>OR</b> birth certificate with parent's name listed, <b>OR</b> documentation of legal custody, <b>OR</b> hospital birth record with parent's name listed, <b>OR</b> official court documentation, <b>OR</b> laboratory report showing biological mother and/or father.</p> <p>**All documentation must indicate the child's birth date and the name of the covered parent (at minimum)</p>
<b>Grand- Children (under age 19)</b>	<p><input type="checkbox"/> These dependents (your grandchildren under the age 19) are the child(ren) of your unmarried dependent child who is one of the following:</p> <ul style="list-style-type: none"> <li>• Under the age of 19</li> <li>• Between the ages of 19-23 and is a full-time student at an accredited secondary/trade school</li> </ul>	<p><b>Copy</b> of adoption certificate, <b>OR</b> adoption placement agreement, <b>OR</b> baptismal certificate <b>OR</b> birth certificate with parent's name listed, <b>OR</b> documentation of legal custody, <b>OR</b> hospital birth record with parent's name listed, <b>OR</b> official court documentation, <b>OR</b> laboratory report showing biological mother and/or father.</p> <p>**All documentation must indicate the child's birth date and the name of the covered parent (at minimum).</p>
<b>Adult Children – Ages 19 – 26</b>  natural, foster, stepchild, adopted or children of domestic partner	<p><input type="checkbox"/> This dependent is an adult child between the ages of 19 to 26. (Dependent children ages 19 to 26 are eligible regardless of student or marital status. They do not need to be financially dependent on their parents or reside with their parents.)</p>	<p><b>Copy</b> of adoption certificate, <b>OR</b> adoption placement agreement, <b>OR</b> baptismal certificate <b>OR</b> birth certificate with parent's name listed, <b>OR</b> documentation of legal custody, <b>OR</b> hospital birth record with parent's name listed, <b>OR</b> official court documentation <b>OR</b> laboratory report showing biological mother and/or father.</p> <p>**All documentation must indicate the child's birth date and the name of the covered parent (at minimum).</p>
<b>Children – Qualified Medical Child Support Order (QMCSO)</b>	<p><input type="checkbox"/> This child is dependent on you for medical care in accordance with a Qualified Medical Child Support Order (“QMCSO”).</p>	<p><b>Copy</b> of the Qualified Medical Child Support Order used to enforce the order to provide child support health benefits.</p> <p><b>AND</b></p> <p>See the appropriate child type (natural, foster, step, adopted, or other) above for acceptable proof of relationship.</p>