

City and County of Denver Benefits Enrollment Dependent Document Checklist

Employee Name: _____

In the case of any discrepancy between this outline and the official plan documents, the official plan documents always govern.

An unmarried disabled child aged 26 or over may be eligible provided the plan administrator has approved the disability.

Spouse (legally separated or divorced spouses are not eligible for coverage)

Copy of marriage certificate or Common Law Affidavit

AND proof of dependency

A copy of your most recent tax return, (**front page through line 6 of Form 1040**). Note: if your spouse files married separately, head of household or single, you will need to submit their Form 1040. Please black out the first five digits of the SSN#'s and all financial information.

OR a copy of Marriage Certificate or Common Law Affidavit and TWO of the following documents:

Proof of shared residence via joint mortgage statement or rental agreement

Automobile title or registration showing joint ownership of vehicle

Joint checking, bank or investment account statement

Joint credit account statement

A will and/or life insurance policy which designates the other as primary beneficiary

Spousal Equivalent (unrelated same sex domestic partner)

Spousal Equivalent Affidavit or a copy of Domestic Partner Registration through any governmental Domestic Partner Registry.

AND proof of dependency as evidenced by a copy of ONE of the following documents:

Proof of shared residence via joint mortgage statement or rental agreement

Automobile title or registration showing joint ownership of vehicle

Joint checking, bank or investment account statement

Joint credit account statement

A will and/or life insurance policy which designates the other as primary beneficiary

CHILD (Age 26 or under) who is:

♦ Your natural child, legally adopted child, or child in the process of being adopted;

♦ Your stepchild; children of former spouses, who do not meet one of the above requirements, are not eligible for coverage

♦ A child whom you have legal guardianship of

♦ Your child who is the subject of a Qualified Medical Child Support Order (QMCSO) issued to you

Birth Certificate or Court Order

STEPCHILD (Age 26 or under) children of former spouses, who do not meet one of the above requirements, are not eligible for coverage

WHEN SPOUSE IS NOT enrolled in plan AND if child is related to you through marriage: (both documents required)

Birth Certificate or Court Order

Spouse dependency documents required