

PEBB Dependent Eligibility Verification Program

Documentation Requirements

Eligible Dependent Definition*	Required Documentation for Proof of Eligibility
<p>Legal Spouse</p> <p>A person who is married under the laws of the State of Oregon or under the laws of any other state or country. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.</p>	<ul style="list-style-type: none"> • Marriage Certificate: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the spouse ○ Date of marriage ○ Certifier’s signature and official seal ○ State or County of issuance <p>AND</p> <ul style="list-style-type: none"> • U.S. 1040 Tax return Indicating Married (first page only): Must contain: <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent year’s federal tax return ○ Name of the member ○ Name of the spouse ○ Married filing jointly, or married filing separately ○ If married filing separately, the spouse’s name must appear on the form <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information</i></p>
<p>Domestic Partner by Certificate</p> <p>An unmarried individual of the same sex who has entered a “Declaration of Domestic Partnership” with the eligible member that is recognized under Oregon law.</p>	<ul style="list-style-type: none"> • State-Issued Certificate of Registered Domestic Partnership: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the domestic partner ○ Certificate date ○ Certifier’s signature and official seal <p>AND</p> <ul style="list-style-type: none"> • Oregon Income Tax Return Indicating Registered Domestic Partners <ul style="list-style-type: none"> ○ Tax authority (State) ○ The most recent year’s state tax return ○ Name of the member ○ Name of the registered domestic partner ○ Filing jointly or separately OR

	<ul style="list-style-type: none"> • U.S. 1040 “As If” Tax Return Indicating Married (first page only): <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent year’s federal tax return ○ Name of the member ○ Name of the spouse ○ Married filing jointly, or married filing separately <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information</i></p>
<p>Domestic Partner by Affidavit</p> <p>An unmarried individual of the same or opposite sex who has entered into a partnership that includes the following:</p> <ul style="list-style-type: none"> • Both are at least 18 years of age • Are both responsible for each other’s welfare and are each other’s sole domestic partner • Are not married to anyone • Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon • Have jointly shared the same regular and permanent residence and • Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household. 	<p>The following:</p> <ul style="list-style-type: none"> • PEBB Affidavit of Domestic Partnership: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the domestic partner ○ Notary signature and date ○ Signature of both partners <p>AND</p> <p>Three of the following:</p> <ul style="list-style-type: none"> • Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the domestic partner ○ Name of the mortgage company/landlord/rental company OR • Joint Bank Account or Joint Liabilities (credit cards, car lease): Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the domestic partner ○ Name of the bank or lending company OR • Auto Insurance or Utility Bill (electric, gas, phone, internet, cable, garbage, water): Must contain: <ul style="list-style-type: none"> ○ Name of the member ○ Name of the domestic partner ○ Name of the insurance or utility company <p><i>NOTE: Employee may submit three documents displaying both names, OR may submit four documents, two in each name showing the same address</i></p> <ul style="list-style-type: none"> • Current State-Issued Driver’s License or State Issued ID: Must submit

	<ul style="list-style-type: none"> ○ Driver’s license or State ID for the member, <p>AND</p> <ul style="list-style-type: none"> ○ Driver’s license or State ID for domestic partner <p><i>NOTE: Both forms of ID must show the same address and must be issued on or before the start of the review.</i></p>
<p>Child of the Member, Spouse, or Domestic Partner</p> <p>Includes any of the following:</p> <ul style="list-style-type: none"> ● A biological child ● A legally adopted child ● A stepchild ● A domestic partner’s child <p><i>NOTE: For stepchildren, children of the domestic partner, or children legally adopted by the member’s spouse or domestic partner, the member must also submit, as appropriate, a marriage certificate or other document such as a Certificate of Registered Partnership or PEBB Affidavit of Domestic Partnership to prove the member’s relationship to the parent of the child. Age limit is 26, coverage ends at the end of the month in which the dependent turns 26</i></p>	<p><u>A Biological Child or Stepchildren</u></p> <ul style="list-style-type: none"> ● Government Issued Birth Certificate or Naturalization Certificate/Report of Birth Abroad: Must contain <ul style="list-style-type: none"> ○ Name of the member, spouse, or domestic partner ○ Name of the child ○ Date of birth <p><i>NOTE: A marriage certificate will also be required if the biological parent of the Stepchild is not being covered on benefits, the dependent child is married, or if the dependent child’s last name is different than the subscribers.</i></p> <p><u>A legally adopted child</u></p> <ul style="list-style-type: none"> ● Government Issued Birth Certificate or Naturalization Certificate/Report of Birth Abroad: Must contain <ul style="list-style-type: none"> ○ Name of the member, spouse, or domestic partner ○ Name of the child ○ Date of birth; OR ● Adoption Paperwork: Must contain <ul style="list-style-type: none"> ○ Name of the member, spouse, or domestic partner ○ Name of the child ○ Court-ordered and signed legal adoption documentation
<p>Child by Affidavit</p> <p>Includes the following age 18 and under:</p> <ul style="list-style-type: none"> ● A foster child for whom a court has assigned you guardianship ● A grandchild for whom a court has assigned you guardianship 	<ul style="list-style-type: none"> ● The following: Must contain <ul style="list-style-type: none"> ○ Court-ordered and signed legal adoption documentation of guardianship ○ Name of the member, spouse, or domestic partner ○ Name of the child

<ul style="list-style-type: none"> • A child placed for adoption or • Court ordered placement of a child and meets the following criteria: • The child lives in the household of the eligible employee and is the eligible employee’s IRS tax dependent • An eligible employee may not add a child by affidavit age 18 or older unless they can provide court order documentation for the responsibility of the child beyond the age of 18 	<ul style="list-style-type: none"> ○ Date of birth ○ The notarized Affidavit of Child Dependency upon enrollment <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> ○ U.S. 1040 Tax return (first page only): Must contain ○ Tax authority (Federal) ○ The most recent year’s federal tax return ○ Name of the member ○ Name of the child
<p>Grandchild by Affidavit Includes any of the following:</p> <ul style="list-style-type: none"> • My eligible child is enrolled in PEBB healthcare coverage (if not grandchild is ineligible) • The grandchild’s eligible parent is not older than age 26, is unmarried, and without a Domestic Partner • Both the grandchild and eligible parent live in your household • Both the grandchild and eligible parent are listed on your current Federal taxes, and are your current IRS tax dependent 	<ul style="list-style-type: none"> ○ The notarized Affidavit of Grandchild upon enrollment ○ U.S. 1040 Tax return (first page only): Must contain ○ Tax authority (Federal) ○ The most recent year’s federal tax return ○ Name of the member ○ Name of the child ○ Name of the grandchild

<p>Disabled Dependent Child Includes the following age 26 or older:</p>	<p>Same documentation requirements as a child of a member, spouse, or domestic partner</p>
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<ul style="list-style-type: none"> • A biological child • A legally adopted child or a child legally placed for adoption • A legally placed child • A stepchild <p>The person must be incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and all the following requirements must be met:</p> <ul style="list-style-type: none"> • The disability must have existed before attaining age 26. • The person must have had a group or individual health plan coverage prior to attaining age 26. • Health plan coverage must have continued without a gap until the PEBB health plan coverage date. • The person’s attending physician must submit documentation to the employee’s PEBB health insurance plan of the disability for review. The health plan may review the person’s health status at any time to determine continued PEBB coverage eligibility • The person must not have terminated from PEBB health plan coverage after attaining the age of 26 • The dependent child must be the employee’s qualifying IRS dependent and must be claimed on the eligible employee’s most recent years tax return OR • The child files a tax return and demonstrates that their adjusted gross income does not exceed 150 percent of the federal poverty level (FPL) 	<ul style="list-style-type: none"> • U.S. 1040 Tax Return (first page only): Must contain: <ul style="list-style-type: none"> ○ The most recent year’s federal tax return ○ Name of the member ○ Name of the dependent OR • U.S. 1040 Tax Return (first page only): Must contain: <ul style="list-style-type: none"> ○ The most recent year’s federal tax return ○ Name of the dependent <p>NOTE: To maintain confidentiality, please black out SSN Imputed taxes may apply, per IRC provisions, when an employee enrolls and covers dependents on their PEBB coverage that are not claimed on their federal taxes, and thus are not tax dependents.</p>
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*Definitions of eligible dependents are subject to change with PEBB rule changes. Changes in the definition of eligible dependents may change the required documentation for proof of eligibility.