

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 to the eligible member 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>	<p>The following:</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 tax filing year ○ Name of the member ○ Name of the spouse ○ Married filing status (jointly or separately) <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information. 1040 not required if marriage was same year as Dependent Eligibility Review, or year prior to review ending before April.</i></p>
<p>Domestic Partner by Certificate</p> <p>An unmarried individual who has entered into a “Declaration of Domestic Partnership” with the eligible member that is recognized under Oregon law.</p>	<p>The following:</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 OR-40 Tax Return Indicating Registered Domestic Partners: Must contain <ul style="list-style-type: none"> ○ Tax authority (State) ○ The most recent tax filing year ○ Name of the member ○ Name of the registered domestic partner ○ Filing jointly or separately <p>OR</p> <ul style="list-style-type: none"> • U.S. 1040 “As If” Tax Return Indicating Married (first page only): Must contain <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent tax filing year ○ Name of the member ○ Name of the registered domestic partner ○ Married filing status (jointly or separately) <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information. 1040 not required if partnership declared same year as Dependent Eligibility Review, or year prior to review ending before April.</i></p>

*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.

Domestic Partner by Affidavit

An unmarried individual who has entered into a partnership with the eligible member that includes the following:

- 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.

The following:

- **PEBB Affidavit of Domestic Partnership** upon enrollment: Must contain
 - Name of the member
 - Name of the domestic partner
 - Notary signature and date
 - Signature of both partners

AND

Three of the following:

- **Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease:** Must contain
 - 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
 - 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:
 - Name of the member
 - Name of the domestic partner
 - Name of the insurance or utility company
- **Current State Issued Driver's License or State Issued ID:** Must submit BOTH
 - Driver's license or State ID for member, **AND**
 - Driver's license or State ID for partner

NOTE: Both forms of ID must show same address and must be issued on or before the start of the review.

*NOTE: Employee may submit **three** documents displaying both names, **OR** may submit **four documents, two in each name** showing the same address.*

<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>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, proof of eligibility for Legal Spouse or Domestic Partner (see above).</p> <p>Age limit is 26, and coverage ends at the end of the month in which dependent turns 26 <u>unless child is eligible as Disabled Dependent Child (see below).</u></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 and most recent year's U.S. 1040 tax return, first page are also required if the biological parent of the Stepchild is not being covered on benefits.</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 <p><u>OR</u></p> <ul style="list-style-type: none"> • 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 any of 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 • A child placed for adoption or • Court ordered placement of a child <p>Must meet all of the following criteria:</p> <ul style="list-style-type: none"> • The child lives in your household • The child is your IRS tax dependent • You may not enroll a child by affidavit age 18 or older unless you can provide court order documentation for responsibility of the child beyond the age of 18 	<p>The following:</p> <ul style="list-style-type: none"> • PEBB Affidavit of Child Dependency upon enrollment: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the child ○ Notary signature and date ○ Signature of the member <p><u>AND</u></p> <ul style="list-style-type: none"> • Legal Documentation of Guardianship/Placement: Must contain <ul style="list-style-type: none"> ○ Name of the member, spouse, or domestic partner ○ Name of the child ○ Issuing authority (court or state agency) ○ Official signature, stamp, and/or seal <p><u>AND</u></p> <ul style="list-style-type: none"> • U.S. 1040 Tax return (first page only): Must contain <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent tax filing year ○ Name of the member ○ Name of the child <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information.</i></p>

<p>Grandchild by Affidavit</p> <p>The biological child of an eligible dependent child.</p> <p>Must meet all of the following criteria:</p> <ul style="list-style-type: none"> • Your eligible child (parent of grandchild) is enrolled in your PEBB healthcare coverage • The grandchild’s eligible parent (your child) is not older than age 26, is unmarried, and is 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 as your current IRS tax dependents 	<p>The following:</p> <ul style="list-style-type: none"> • Same documentation requirements as a child of a member, spouse, or domestic partner. <p>AND</p> <ul style="list-style-type: none"> • PEBB Affidavit of Grandchild Dependency upon enrollment: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the grandchild ○ Notary signature and date ○ Signature of the member <p>AND</p> <ul style="list-style-type: none"> • U.S. 1040 Tax return (first page only): Must contain <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent tax filing year ○ Name of the member ○ Name of the child (parent of grandchild) ○ Name of the grandchild <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information.</i></p>
<p>Disabled Dependent Child</p> <p>Includes any of the following age 26 or older:</p> <ul style="list-style-type: none"> • A biological child • A child legally adopted or placed for adoption • A child legally placed by court order • A stepchild <p>The person must be incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and must meet all of the following requirements:</p> <ul style="list-style-type: none"> • The person must have had a group or individual health plan coverage prior to attaining age 26. • The disability must have existed before 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 eligibility. • The person must not have terminated from PEBB health plan coverage after attaining the age of 26 • The person must be your qualifying IRS dependent, claimed on your most recent year’s tax return OR • The person files a tax return and demonstrates that their adjusted gross income does not exceed 150 percent of the federal poverty level (FPL) OR • The person is not your IRS dependent and does not file a tax return as indicated above, but you are the person’s legal guardian 	<p>The following:</p> <ul style="list-style-type: none"> • Same documentation requirements as a child of a member, spouse, or domestic partner <p>AND any one of the below</p> <ul style="list-style-type: none"> • Employee’s U.S. 1040 Tax Return (first page only): Must contain: <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent tax filing year ○ Name of the member ○ Name of the child <p>OR</p> <ul style="list-style-type: none"> • Child’s U.S. 1040 Tax Return (first page only): Must contain: <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ The most recent tax filing year ○ Name of the child ○ Adjusted Gross Income equal or less to 150% of the federal poverty level (FPL) <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information.</i></p> <p>OR</p> <ul style="list-style-type: none"> • Court-ordered and signed legal documentation of guardianship: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the child <p>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>