

## Dependent Eligibility Review – Definitions and Required Documentation

	Is Your Dependent Your <b>Spouse?</b>	Is Your Dependent Your <b>*Domestic Partner by Certificate?</b>	Is Your Dependent Your <b>*Domestic Partner by Affidavit?</b>
Definition	<p>Married under the laws of the State of Oregon or any other state or country.</p> <p>This does not include a former spouse as a former spouse does not qualify as a dependent.</p>	<p>Two individuals of the same sex who have entered into a “Declaration of Domestic Partnership” with the eligible member that is recognized under Oregon law.</p>	<p>Unmarried individuals of the same or opposite sex who have entered into a partnership. You must be:</p> <ul style="list-style-type: none"> <li>• At least 18 years of age</li> <li>• Responsible for each others welfare</li> <li>• Not married to anyone</li> <li>• Not related by blood closer than would bar marriage</li> <li>• Share the same residence</li> <li>• Jointly financially responsible for basic living expenses</li> </ul>
Required Documents	<div style="border: 1px solid black; padding: 5px; text-align: center;">Submit copies of the following documents:</div> <p style="text-align: center;"><b>Marriage Certificate or License</b> <i>The license or certificate must have the certifiers signature and official seal.</i></p> <p style="text-align: center;">↓ AND ↓</p> <p style="text-align: center;"><b>US Federal 1040 Tax Form (Current or Previous Year tax form)</b> <i>First Page Only and to maintain confidentiality please black out SSN and Financial information.</i></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Submit copies of the following documents:</div> <p style="text-align: center;"><b>State-Issued Certificate of Registered Domestic Partnership</b> <i>The certificate must have the certifiers signature and official seal.</i></p> <p style="text-align: center;">↓ AND ↓</p> <p style="text-align: center;"><b>Oregon Income Tax Indicating Registered Domestic Partners (Current or Previous Year tax form)</b> <i>First Page Only and to maintain confidentiality please black out SSN and Financial information.</i></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Submit copies of the following documents:</div> <p style="text-align: center;"><b>PEBB Affidavit of Domestic Partnership</b> <i>You submitted this document to your payroll or benefit office.</i></p> <p style="text-align: center;">↓ AND ↓</p> <p style="text-align: center;">Select and submit any <b>three (3)</b> of the following documents:</p> <ul style="list-style-type: none"> <li>• Mortgage</li> <li>• Residential Lease</li> <li>• Cohabitation Agreement</li> <li>• Copies of both partners drivers licenses</li> <li>• Auto Insurance policy</li> <li>• Utility bill (water, gas, electric, internet, phone, etc.</li> <li>• Joint Bank Account Statement</li> <li>• Joint Credit Card Statement</li> <li>• Joint Car Loan or Lease</li> <li>• Primary Beneficiary of Life Insurance</li> </ul>
	<p>If you are an International Employee please call PEBB Member Services @ 503-373-1102, for the required documentation.</p>		

\* Domestic Partners are subject to the IRS imputed tax value. The exception is if the domestic partner (and the domestic partners children) qualify as the employees tax dependent for health coverage purposes. Employee can completing and submitting the “Domestic Partner Certification for Dependent Tax Status form” annually to their payroll or benefit office.

## Dependent Eligibility Review – Definitions and Required Documentation

	Is Your Dependent Your <u>Child?</u>	Is Your Dependent a <u>Child by Affidavit?</u>	Is Your Dependent a <u>Grandchild by Affidavit?</u>
Definition	<p style="text-align: center;">This would be your:</p> <ul style="list-style-type: none"> <li>• Biological Child,</li> <li>• Legally Adopted Child,</li> <li>• Step-Child,</li> <li>• Partner’s Child.</li> </ul> <p style="text-align: center;">Age limit is 26 Disabled Child(ren) age 26+</p>	<p>Court ordered placement of a child (or a child placed for adoption) who lives in the household of the eligible employee and is the eligible employee’s IRS tax dependent.</p> <p>Child by affidavit is up to the age of 18 unless otherwise specified in the Court Order or Adoption Placement Paperwork</p>	<ul style="list-style-type: none"> <li>• Child’s Parent will not be older than age 26 on the last day of the plan year.</li> <li>• Child’s parent has PEBB health coverage through the eligible employee</li> <li>• Child’s Parent is unmarried and without a domestic partner.</li> <li>• Child’s Parent and the Grandchild live in the household of the eligible employee.</li> <li>• Child’s Parent and the Grandchild are the eligible employee’s IRS tax dependent</li> </ul>
Required Documents	<div style="border: 1px solid black; padding: 5px; text-align: center;">Submit copies of the following documents:</div> <p style="text-align: center;"><b>Government Issued Birth Certificate or Naturalization Certificate/Report of Birth Abroad</b></p> <p style="text-align: center;">↓ OR ↓</p> <p style="text-align: center;"><b>Adoption Paperwork</b> <i>Adoption paperwork must show Court Ordered Guardianship/placement</i></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Submit copies of the following documents:</div> <p style="text-align: center;"><b>Court Ordered Guardianship or Adoption Placement Paperwork</b> <i>The court ordered guardianship or adoption placement paperwork must show the effective date of placement/guardianship.</i></p> <p style="text-align: center;">↓ AND ↓</p> <p style="text-align: center;"><b>US Federal 1040 Tax Return (Current or Previous Year tax form)</b> <i>First Page Only and to maintain confidentiality please black out SSN and Financial information.</i></p> <p style="text-align: center;">↓ AND ↓</p> <p style="text-align: center;"><b>Notarized Affidavit of Child Dependency</b> <i>You submitted this document to your payroll or benefit office.</i></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Submit copies of the following documents:</div> <p style="text-align: center;"><b>Notarized Grandchild by Affidavit</b> <i>You submitted this document to your payroll or benefit office.</i></p> <p style="text-align: center;">↓ AND ↓</p> <p style="text-align: center;"><b>US Federal 1040 Tax Return (Current or Previous Year tax form)</b> <i>First Page Only and to maintain confidentiality please black out SSN and Financial information.</i></p>
	<p>If you are an International Employee please call PEBB Member Services @ 503-373-1102, for the required documentation.</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. You can get this document in other languages, large print, braille or a format you prefer. Contact PEBB at 503-373-1102 or email [inquiries.pebb@dhsosha.state.or.us](mailto:inquiries.pebb@dhsosha.state.or.us). We accept all relay calls or you can dial 711.