

TRINITY HEALTH DEPENDENT VERIFICATION DOCUMENTATION REQUIREMENTS

You must show the appropriate documents from the list below to your Human Resources department within 31 days from Hire Date or Qualifying Event Date.

Dependent Status	Required Documentation	Resources to Obtain Documentation
Dependent spouse	<ul style="list-style-type: none"> • Federal Form 1040 that identifies employee-spouse relationship <li style="text-align: center;">or • Original certified or uncertified copy of marriage certificate issued by county registrar – with appropriate signatures (certificates issued by religious institutions will not be accepted) <li style="text-align: center;">or • Immigration papers that identify employee-spouse relationship 	<ul style="list-style-type: none"> • www.marriagelicense.com • County office that issued original marriage certificate
Dependent child by birth * If your dependent child is age 19 or over, please refer to the section titled “Dependent child(ren) age 19 and over” for additional requirements	<ul style="list-style-type: none"> • Federal Form 1040 that identifies employee-child relationship <li style="text-align: center;">or • Hospital verification of birth <li style="text-align: center;">or • Certificate of birth - <u>Short Form</u> (NOT birth certificate) as issued by Iowa Department of Public Health (applicable to Iowa births only) <li style="text-align: center;">or • Immigration papers that identify parent-child relationship <li style="text-align: center;">or • Original Certified or uncertified copy of birth certificate issued by country registrar <li style="text-align: center;">or • Divorce decree identifying dependent child relationship <p>If dependent child is disabled, you must also provide:</p> <ol style="list-style-type: none"> 1. Photocopy of Social Security disability award <li style="text-align: center;">or 2. Original signed physician statement and notarized Health Care Affidavit <p>If dependent child is over age 19, you must also complete the Age 19 and Over Verification Form</p>	<ul style="list-style-type: none"> • www.birthcertificate.com • US Department of State (for children born outside the United States)* • Hospital in which child was born • County office that issued original birth certificate • Social Security Administration • Dependent’s physician’s office • A Notary Public can be found at most banks / credit unions
Dependent child by adoption * If your dependent child is age 19 or over, please refer to the section titled “Dependent child(ren) age 19 and over” for additional requirements	<ul style="list-style-type: none"> • Certified court approved adoption papers <li style="text-align: center;">or • Placement letter from court/adoption agency <p>If dependent child is disabled, you must also provide:</p> <ol style="list-style-type: none"> 1. Social Security disability award <li style="text-align: center;">or 2. Original signed physician statement and notarized Health Care Affidavit <p>If dependent child is over age 19, you must also complete the Age 19 and Over Verification Form</p>	<ul style="list-style-type: none"> • State agency that issued final adoption papers • Adoption agency that issued placement papers • Social Security Administration • Dependent’s physician’s office • A Notary Public can be found at most banks / credit unions

<p>Dependent child by custody or guardianship</p> <p>* If your dependent child is age 19 or over, please refer to the section titled "Dependent child(ren) age 19 and over" for additional requirements</p>	<ul style="list-style-type: none"> • Certified court ordered custody / guardianship papers and • Original notarized health care affidavit <p>If dependent child is disabled, you must also provide:</p> <ol style="list-style-type: none"> 1. Social Security disability award or 2. Original signed physician statement and notarized Health Care Affidavit <p>If dependent child is over age 19, you must also complete the Age 19 and Over Verification Form</p>	<ul style="list-style-type: none"> • State agency that issued custody/guardianship papers • Social Security Administration • Dependent's physician's office • A Notary Public can be found at most banks / credit unions
<p>Dependent stepchild(ren) – these documents should be provided along with proof of spouse relationship</p> <p>* If your dependent child is age 19 or over, please refer to the section titled "Dependent child(ren) age 19 and over" for additional requirements</p>	<ul style="list-style-type: none"> • Hospital verification of birth or • Certificate of birth - <u>Short Form</u> (NOT birth certificate) as issued by Iowa Department of Public Health (applicable to Iowa births only) or • Immigration papers that identify parent-child relationship, or • Original Certified or uncertified copy of birth certificate issued by country registrar and either <ol style="list-style-type: none"> 1. Federal Form 1040 that identifies employee-spouse relationship or 2. Original certified or uncertified copy of marriage certificate issued by county registrar – with appropriate signatures (certificates issued by religious institutions will not be accepted) or 3. Original notarized health care affidavit <p>If dependent child is disabled, you must also provide:</p> <ol style="list-style-type: none"> 1. Social Security disability award or 2. Original signed physician statement and notarized Health Care Affidavit <p>If dependent child is over age 19, you must also complete the Age 19 and Over Verification Form</p>	<ul style="list-style-type: none"> • www.birthcertificate.com • US Department of State (for children born outside the United States)* • www.marriagelicense.com • County office that issued original marriage certificate • Social Security Administration • Dependent's physician's office • A Notary Public can be found at most banks / credit unions
<p>Dependent child(ren) age 19 and over</p>	<p>In addition to verification of dependent status as described above, on an annual basis you must provide the following:</p> <ul style="list-style-type: none"> • Age 19 and Over Verification Form and • Federal Form 1040 that identifies child(ren) as dependents as IRS qualifying child(ren) or • Proof of full-time student status 	

* U.S. Department of State
Passport Correspondence Branch, Overseas Birth
1111 19th Street NW Suite 510
Washington, DC 20522-1705
Phone: (202) 955-0307

Please note: requesting information from agencies, such as a county clerk's office, may be more cost-effective than accessing the information online. Please allow yourself enough time to collect any required documentation.

**TRINITY HEALTH DEPENDENT VERIFICATION
HEALTH CARE AFFIDAVIT**

If you (1) have a stepchild(ren), (2) have custody or guardianship of a child to whom you are not related by birth, or (3) have a disabled dependent child, you must complete this Health Care Affidavit. Be sure to sign the form and have it notarized (Keep a photocopy for your records.)

I, _____, hereby attest that I am the stepparent, legal guardian or custodial parent of the following child or children (collectively referred to as the "Child"):

and that I meet one of the following requirements:

- The Child is related to me by blood or marriage and meets the criteria as described in my Summary Plan Description, or
- The Child is one for whom I have been appointed guardian and/or I have been ordered by a court to provide medical coverage, or
- The Child is unmarried and totally disabled by mental or physical incapacity.

I agree that in the event that any of the above information changes, I will immediately notify my Human Resources representative. I understand that if I misrepresent any facts on this form, I am subject to coverage cancellation and disciplinary action in accordance with my employer's policy manual.

Signed: _____

Date: _____

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, in and for said County and State, personally appeared _____, to me known to be the person whose name is subscribed above, and acknowledged to me (1) that he/she has read the foregoing Health Care Affidavit, (2) that he/she understands the contents thereof, (3) that he/she in my presence did sign the foregoing instrument, and (4) that the same is the free act and deed of him/her personally.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at _____, _____, on this _____ day of _____, 20____.

Notary Public