

## Dependent Eligibility Verification Requirements

Your dependent verification must be returned to the Benefits Office by December 20, 2013 via e-mail, fax or mail:

**E-mail to:** [ask.benefits@pnnl.gov](mailto:ask.benefits@pnnl.gov)  
**Fax:** 509-375-4455  
**Mail:** P.O. Box 999, MS K1-34, Richland, WA 99352

**Medical and Vision** — Eligible dependents include but are not limited to your spouse or registered partner, children up to the end of the month in which they turn 26, and disabled children age 26 or older who are incapable of self-support due to a mental or physical condition that existed prior to age 26. For further clarification, you should thoroughly review the Summary Plan Descriptions.

**Dental** — Eligible dependents include but are not limited to your spouse or registered partner, unmarried children up to the end of the month in which they turn 23, and disabled children age 23 or older who are incapable of self-support due to a mental or physical condition that existed prior to age 23. For further clarification, you should thoroughly review the Summary Plan Descriptions.

**Proper Documentation** — Please provide the following acceptable documentation for your dependent(s):

### Spouse:

- A photocopy of your prior year's tax return\*
- OR**
- A photocopy of your marriage certificate (*only if you were married within the past 12 months*)

### Registered Partner:

- A photocopy of your Certificate of Registration for Domestic Partnership
- AND**
- A photocopy of your prior year's tax return\* for both you and your partner

### Your Child or Stepchild:

- A photocopy of your prior year's tax return\* showing that the child is your tax dependent
- OR**
- One of the following:
    - Legal documentation of adoption or placement for adoption
    - Court order or divorce decree dictating that the staff member provides health insurance for child
    - Divorce decree establishing staff member's spouse as custodial parent
    - Divorce decree establishing staff member's spouse is required to provide health coverage **and** other documentation establishing that child **resides** with the staff member

*If your child is covered for **medical only**, please provide a photocopy of their birth certificate, in lieu of your 1040 form, showing the employee or employee's spouse as the parent. Please note, this is not sufficient for dental coverage.*

“Other Child” who Lives With You:

- A photocopy of your prior year’s tax return\* showing that the child is your tax dependent
- OR**
- Other documentation acceptable to the Plan Administrator, such as legal guardianship or proof of residency and support

\*If you provide your prior year’s tax documents as your proof of dependency, we require two pages:

- The first page of your 1040 form

**AND**

- One of the following:
  - Page two of your 1040 form showing your signature, or third-party “prepared by” notice
  - The electronic postmark page, if you filed electronically
  - The e-mail confirmation stating that your return was accepted, if you filed electronically
  - The e-file signature authorization, if your tax preparer filed electronically on your behalf

*Please conceal income amounts and the first five digits of the Social Security Numbers*