

DEPENDENT VERIFICATION REQUIRED FOR CEBCO BENEFIT PLANS

As a new employee or enrollee in the Union County group health, dental, and/or vision insurance program(s) you will be required to verify the eligibility of your dependents for coverage.

Verification must be received within 30 days of your coverage effective date. Failure to provide the required documents in a timely manner will result in termination of coverage for the dependent(s), in accordance with the County's group insurance plan requirements.

SUBMIT VERIFICATION DOCUMENTS TO

Union County Human Resources Dept.

Dependent Eligibility Verification Requirements

Employees with dependents to be included under their County insurance coverage are required to provide proof of eligibility. A list of acceptable documents is shown below. Employees with questions should contact Human Resources for any questions or concerns regarding the requirements.

Resources Contact Human Resources

Ginger Yonak, HR Director, 937-645-3008 Mackenzie Fisher, HR Assistant, 937-645-3106

Email: <u>HR@unioncountyohio.gov</u>

Documents can be submitted by:

Mail

Union County Commissioners, Attn: HR Dept. 233 West Sixth Street Marysville, OH 43040

<u>Fax</u> 937-645-3072

Email:

HR@unioncountyohio.gov



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Dependents eligible to participate in the insurance plans along with the documents required to verify the dependent's eligibility are as follows:

| Eligible Dependents and Document Requirements | |
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| Eligible Dependent Spouses | |
| Two documents required, one from Section A and one from Section B | |
| Section A | Section B |
| | (Section B document not required if married in past 12 months) |
| Government-Issued Marriage Certificate including date of marriage | Federal Tax Return within last 2 years listing your spouse |
| Notarized Affidavit of Common Law Marriage | Proof of Joint Ownership issued within the last 6 months |
| Eligible Dependent Children | |
| Dependent Type | Documents Required |
| Biological Child [BC] | Government-Issued Birth Certificate |
| | Government-Issued Birth Certificate or Adoption Certificate or Placement |
| Adopted Child [AC] | Agreement |
| Step-Child [SC] | Government-Issued Birth Certificate AND both documents to verify Spouse |
| | Government-Issued Birth Certificate AND Court Ordered Document of |
| Legal Ward [LW] | Guardianship |
| Disabled Child [DBC, DAC, DSC, DLW] | |
| (Note: Disabled Adopted Child cannot verify with a placement | Documentation listed above AND Federal Tax Return within last 2 years claiming |
| agreement or petition) | child |
| Alternate Documentation | |
| Document Type | Alternate Option |
| | A copy of the spouse's naturalization document or immigration document |
| Government-Issued Marriage Certificate (GIMC) | indicating a "married" status, AND an additional POJ if married 12 months or |
| | more. |
| Proofs of Joint Ownership | |
| M or tgage statement | Credit card statement (includes: department stores; and care credit) |
| Bank statement (bank account verification letter showing | Property tax |
| active status) | |
| Active lease agreement | Current-year state tax return listing spouse/partner |
| Homeowners Insurance | Current-year mortgage interest/mortgage insurance |
| Renters Insurance | Warranty deed |
| State Tax Return (within 1 year) | Auto loans |
| | Current-year federal tax return listing the spouse/dependent as a dependent |