## NEW DEPENDENT REQUIRED SUPPORTING DOCUMENTATION



During a qualifying life event or Open Enrollment you have the ability to add dependents to medical, dental, prescription, life insurance and/or AD&D coverage.

YOU MUST SUBMIT the REQUIRED SUPPORTING DOCUMENTATION noted below for ALL NEWLY ADDED <u>or</u> RE-ENROLLED DEPENDENTS. If you do not attach the required documentation the dependent will be removed from coverage and will be ineligible to enroll until the next qualifying life event or Open Enrollment. Refer to the table below for the REQUIRED documentation for each dependent relationship. You do not need to attach supporting documentation for any dependent currently enrolled in coverage.

## **Translation of Non-English Documentation:**

If you submit dependent documentation that is written in a language other than English, it must be translated by an official translator – someone other than you or your dependent(s). Generally, an official translator can be found at any college or university. The translation of each document must be signed by the translator and notarized.

DEPENDENT	ELIGIBILITY CRITERIA	REQUIRED DOCUMENTATION
RELATIONSHIP		
SPOUSE	<ul> <li>Lawfully married to an employee or retired employee as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal</li> </ul>	<ul> <li>Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official, such as the Clerk of Court):         <ul> <li>From the court in the County or City in which the marriage took place; or</li> <li>From the Maryland Division of Vital Records for marriages that occurred at least six months prior to enrollment; or</li> <li>From the Department of Health and Mental Hygiene (DHMH) website: <u>www.dhmh.maryland.gov</u> (Click Online Services) – also <u>www.vitalcheck.com</u></li> </ul> </li> </ul>
CHILDREN • Biological Child • Adopted Child • Step-child	<ul> <li>Under age 26</li> <li>Except for grandchildren and legal wards, no requirement to reside in your home</li> <li>May be eligible for coverage under own employer</li> <li>May be married or unmarried, or;</li> <li>Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26</li> </ul>	<ul> <li>BIOLOGICAL CHILD         <ul> <li>Copy of child's official state birth certificate showing lineage</li> <li><u>NEWBORNS ONLY</u>: Acceptable Temporary Documentation:                 <ul></ul></li></ul></li></ul>

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DEPENDENT	ELIGIBILITY CRITERIA	REQUIRED DOCUMENTATION
RELATIONSHIP		
<ul> <li>RELATIONSHIP</li> <li>OTHER CHILD</li> <li>RELATIVES</li> <li>Grandchild</li> <li>Legal ward</li> <li>Step-grandchild or other dependent child relatives</li> </ul>	<ul> <li>Under age 25</li> <li>Must reside in your home</li> <li>Must be unmarried</li> <li>May not be eligible for coverage under own employer For whom you provide sole support</li> </ul>	<ul> <li>OTHER CHILD RELATIVES (for all types)</li> <li>Copy of child's official state birth certificate showing lineage</li> <li>Proof of permanent residence with enrolled employee/retiree (one of the following):         <ul> <li>Valid driver's license</li> <li>State-issued identification card</li> <li>School records certifying child's address</li> <li>Daycare records certifying child's address</li> <li>Tax documents with child's name listed certifying address</li> </ul> </li> <li>MUST ALSO SUBMIT the following specific documentation for specified dependent type:         <ul> <li>Legal Wards (temporary guardianship not covered):</li> <li>Copy of Legal Ward/Testamentary court document, signed by a judge.</li> <li>Grandchild, Step-grandchild, or Other Child Relative:</li> </ul> </li> </ul>
		<ul> <li>Proof of relation by blood or marriage</li> </ul>