UNIVERSITY OF ARKANSAS SYSTEM

Dependent Verification for Insurance Coverage

Documentation must be provided if you wish to add a spouse or dependent child to your health, dental or vision coverage.

Coverage can be added within one month (31 days max) of: 1) initial eligibility as a new hire, 2) a change in status to benefits-eligible, 3) a qualifying life event; or 4) during an announced open enrollment period. Enrollment is effective within the next available coverage start date – generally the first of the following month – and is not retroactive (exception for newborns).

All supporting documentation as described below must be submitted at the time of enrollment. Benefit enrollment forms to enroll dependents will not be accepted if documentation is not provided.

This certifies that all dependents covered under my health, dental or vision insurance are my legal dependents as defined below. I understand that insurance fraud is generally defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made" and disciplinary action will be taken, up to and including termination, should this occur. In addition, I understand I will be held liable for any claims or fees incurred for the individual that is not a dependent.

_____	_____	_____
Signature of Employee	**Soc. Sec. Number or Employee #**	**Date**

Documentation Provided Includes:
Provide fully legible photocopies only, not originals. Commemorative certificates and un-recorded documents are NOT acceptable.

Proof for Legal Spouse

- ☐ Marriage License that is government-issued and signed by the country clerk, state registrar or other assigned government official. Must carry the seal of that office documenting the license has been recorded.

Proof for Dependent Child under age 26

- ☐ Biological Child: government-issued Birth Certificate identifying you as the parent
- ☐ Newborn Child less than 31 days old: hospital issued Birth Certificate may be accepted if the document includes each of the following: newborn's name, parents' names, date of birth, and signature of the attending physician and/or hospital administration
- ☐ Step-Child: government-issued Birth Certificate identifying your spouse as a parent AND a government-issued Marriage License showing you are married to the parent
- ☐ Adopted Child: court document showing adoption placement, petition for adoption or final adoption certificate; date of birth must be included
- ☐ Legal Ward/Guardian Child/Foster Child under age 18: court or agency documentation AND a government-issued Birth Certificate
- ☐ Medical Support Court Order: court documentation ordering you to provide insurance for your biological child
- ☐ Adult Disabled Child: new enrollment of any adult dependent child age 26 or older, including a disabled adult dependent child age 26 and older, is not available. A disabled adult dependent child may continue as an eligible dependent beyond age 26 if determined disabled and enrolled in the University health plan before attaining age 26. An adult disabled dependent child who ceases plan participation upon or after age 26 is not eligible to return to participate as an adult disabled dependent child. The dependent may not be married.

HUMAN RESOURCES OFFICE USE ONLY

Date/Initial _____
This certifies that proper documentation was received to verify that all dependents covered on the University of Arkansas health, dental and vision plans are legal dependents.