



## Dependent Add / Change Form

\_\_\_\_\_  
 Last Name                      First Name                      MI                      Employee ID

\_\_\_\_\_  
 Department                      Extension

### Eligible Dependents

If you are eligible for health benefits, you may also cover your eligible dependents. They include:

- your spouse
- your (or your spouse's) unmarried natural born, adopted or placed for adoption (meaning placed permanently with the employee for adoption) child, stepchild, or a child for whom the employee is the court-appointed legal guardian under the following guidelines.\*

For medical, dental, and/or vision—under age 26, or under age 30 if a military veteran residing in Illinois\*\*

For dependent life insurance - under age 26

Refer to the Health Benefits Plan SPD on the Human Resources website for additional eligibility information including dependent tax implications. If any such children are not eligible to be federal income tax dependents, the Benefits Department must be notified and in accordance with IRS guidelines, you will be taxed on the portion of the premium associated with that dependent.

If you are adding dependent children for whom you are the court-appointed legal guardian, you must also complete the *Declaration of Tax Status* form.

### Dependent Information:

Add/ Remove	Name of Dependent	Date of Birth	Social Security Number	Gender	Relationship

If you gain an eligible dependent through a change in family status or coverage change, you may cover that dependent by notifying the Benefits Department within 31 days after you have legally acquired the dependent. Coverage will begin as of the date you acquired the dependent.

By signing below, I certify that the information I have provided is accurate to the best of my knowledge and that the listed dependents are eligible for coverage as detailed above. I understand that I may be required to submit proof of dependent relationship and/or proof of family status change as required under Section 125 of the Internal Revenue Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This plan does not provide coverage for foster children or grandchildren unless you have obtained legal guardianship.

\*\*Refer to the Health Benefits Plan SPD on the Human Resources website for additional eligibility requirements.

## Acceptable Dependent Verification Documentation

Please provide one of the following for each Dependent for Eligibility Verification

Dependent Type	Acceptable Documents
Spouse	<ul style="list-style-type: none"> <li>• Copy of the prior or current year federal income tax return (1040, 1040A or 1040EZ) listing spouse's name and marked either "married filing jointly" or "married filing separately"</li> <li>• Copy of presently valid legal or religious marriage certificate, which must include the date of marriage</li> <li>• Copy of presently valid legal separation decree, which must include the date of separation.</li> <li>• Copy of presently valid state-issued certificate, declaration or registration of common law or informal marriage (in applicable states)</li> </ul>
Children	<ul style="list-style-type: none"> <li>• Copy of the child's legal or hospital birth certificate naming the employee or employees spouse as the child's parent</li> <li>• Copy of a final court order (divorce decree/custody agreement) naming the employee or employee's spouse as the child's parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp.</li> <li>• Copy of legal adoption papers issued by the courts naming the employee or employee's spouse as the adoptive parent. All documents must include the following information: names of the child and adoptive parent, official signature and/or court seal/stamp.</li> <li>• Copy of legal guardianship papers issued by the courts naming the employee or the employee's spouse as the child's guardian. All documents must include the following information: names of the child and guardian, official signature and/or court seal/stamp.</li> <li>• Copy of a Qualified Medical Child Support Order (QMCSO) showing the employee is required to provide medical coverage for the child. Documentation must state the current employer's name and include the names of the child and parent</li> </ul> <p>If the employee is providing documentation for a child of your spouse, you must also include the required documentation for your spouse even if your spouse is not covered under the Plan.</p> <p>If adding a disabled child, the employee must also submit a physician statement certifying that the dependent child cannot support themselves because of a physical or mental disability. All information must be pre-printed and dated within the last 12 months.</p>

Please send completed form and Verification to:

DePaul University  
Human Resources – Benefits Department  
1 E. Jackson  
Chicago, IL 60604