

Chart of Characteristics and Documentation Required to Enroll a Dependent by Category

APPROVED BY THE TRAVIS COUNTY COMMISSIONER'S COURT

The addition of any dependent to the Travis County Health Plan requires certification by Employee that the dependent information is true and correct. Any false information will result in loss of coverage of the dependent in question and the requirement to reimburse the plan for any claims paid on an ineligible dependent covered after October 1, 2010. **Revised 12/28/2010**

NOTE: If an individual's name has changed from what is shown on the birth certificate, you must provide verification that traces the name shown on the birth certificate to the individual's current name.

<u>Category of Dependent and eligibility requirements</u>	<u>Characteristics to be verified</u>	<u>Acceptable Proof</u>
<p>Spouse (formal ceremony)</p> <ol style="list-style-type: none"> 1. Opposite sex from participant 2. Married participant in a formal ceremony 	<ol style="list-style-type: none"> 1. Relationship 	<ol style="list-style-type: none"> 1. Marriage certificate <p style="text-align: center;"><u>Revised 12/28/10</u></p>
<p>Spouse (common law)</p> <ol style="list-style-type: none"> 1. Opposite sex from participant 2. Shares a permanent residence with participant 3. Completed and filed a Declaration and Registration of an Informal Marriage 	<ol style="list-style-type: none"> 1. Relationship 	<ol style="list-style-type: none"> 1. Copy of filed Declaration and Registration of Informal Marriage <p style="text-align: center;"><u>Revised 12/28/10</u></p>
<p>Domestic Partner (same or opposite sex)</p> <ol style="list-style-type: none"> 1. Over 18 years of age; 2. Shares a permanent residence, including shared expenses and responsibilities for the common necessities of life, with the participant; 3. Is not married to anyone; 4. Has provided the Plan Sponsor with a Certification of Domestic Partnership by the Participant 	<ol style="list-style-type: none"> 1. Age more than 18 2. Home address same as participant 3. Relationship status 	<ol style="list-style-type: none"> 1. Birth certificate Birth certificate (Driver's License may be used to verify age.) <u>Or</u> Driver's license <p style="text-align: center;"><u>PLUS</u></p> <ol style="list-style-type: none"> 3. Completion of online Electronically signed Certificate of Domestic Partnership in form set by HRMD. <p style="text-align: center;">IF THE CERTIFICATE OF DOMESTIC PARTNERSHIP WAS COMPLETED DURING OPEN ENROLLMENT, IT WILL NOT BE NEEDED FOR THIS AUDIT!!</p>

<p>Sponsored Dependent (same or opposite sex)</p> <ol style="list-style-type: none"> 1. Related to participant within three degrees of blood (This would include parent, child, grandparent, grandchild, great grandparent, great grandchild, sibling, niece, nephew, aunt, uncle) does not include children of aunt or uncle. 2. Over 18 years of age; 3. Shares a permanent residence, including shared expenses and responsibilities for the common necessities of life, 4. Living with the participant at least six consecutive months; 5. Is not married to anyone; 6. Not in active service in the armed forces. 	<ol style="list-style-type: none"> 1. Blood Relationship And 2. Age more than 18 3. Home address same as participant 4. Duration of stay at Participant's permanent residence 5. Marital status 6. Military status 	<ol style="list-style-type: none"> 1. Birth certificates that show family tree as needed. (## See Note regarding Name Changes.) FOR PARENT: Participant's birth certificate is enough. FOR CHILD: Child's birth certificate is enough. FOR GRANDPARENT: Both participants' birth certificate and parent's birth certificate would be needed. FOR AUNT OR UNCLE: Participant's birth certificate, parent's birth certificate and aunt or uncle's birth certificate would be required. <p>To verify Residence, Time Living with Participant, Unmarried Status, and Dependent Not Armed Forces:</p> <ol style="list-style-type: none"> 2. Completion of online Electronically signed Certificate of Sponsored Dependent in form set by HRMD
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VERIFICATION REQUIREMENTS FOR CHILDREN:

<p>IN ADDITION TO THE REQUIREMENTS NOTED FOR TYPES D1 THROUGH D15, ALL CHILDREN MUST MEET THE REQUIREMENTS 1, 2, AND 3 BELOW.</p> <p>All Children – 1. Less than 26 years of age 2. Who is not eligible for other employer sponsored coverage.</p> <p>3. PLUS PROOF OF QUALIFYING RELATIONSHIP—SEE RELATIONSHIP CATEGORIES BELOW</p>	<p>IN ADDITION TO THE REQUIREMENTS NOTED FOR TYPES D1 THROUGH D15, ALL CHILDREN MUST BE UNDER THE AGE OF 26.</p> <p>1. Age less than 26</p>	<p>A BIRTH CERTIFICATE IS REQUIRED FOR ALL CHILDREN.</p> <p>1. Birth certificate</p> <p>Proof child is not eligible for other coverage (by child's employer) if requested by HRMD.</p> <p>Note: Documentation requirements for covering children will be determined by HRMD.</p>
<p>Child – Natural child of Participant</p>	<p>1. Parental Relationship</p>	<p>1. Birth certificate of child showing participant as one of child's parents.</p>
<p>Child – Natural child of Participant's Spouse</p>	<p>1. Spousal Relationship</p> <p>2. Parental Relationship</p>	<p>1. Marriage certificate for Participant and Spouse Or Declaration and Registration of Informal Marriage for Participant and Spouse and</p> <p>PLUS</p> <p>2. Birth certificate of child showing participant's spouse as one of child's parents.</p>
<p>Child – Natural child of Participant's Domestic Partner</p>	<p>1. Domestic Partner Relationship</p> <p>2. Parental Relationship</p>	<p>1. Completion of online Electronically signed Certificate of Domestic Partnership in form set by HRMD</p> <p>IF THE CERTIFICATE OF SPONSORED DEPENDENT WAS COMPLETED DURING OPEN ENROLLMENT, IT WILL NOT BE NEEDED FOR THIS AUDIT!!</p> <p>PLUS</p> <p>1. Birth certificate of child showing participant's</p>

		<p>domestic partner as one of child's parents.</p> <p>(## See Note regarding Name Changes.)</p>
<p>Any other child who is related by blood to Participant within three degrees of blood</p> <p>(This would include child, grandchild, niece, nephew) for whom a valid guardianship document has been submitted to HRMD).</p>	<p>1. Blood Relationship</p> <p>2. Guardianship document</p>	<p>1. Birth certificates that show family tree as needed.</p> <p>FOR PARENT: Participant's birth certificate is enough</p> <p>FOR CHILD: Child's birth certificate is enough</p> <p>FOR GRANDCHILD: Participant's birth certificate and Parent's birth certificate would be needed.</p> <p>2. Court Declaration of Guardianship of the Person naming Participant as guardian.</p>
<p>A natural grandchild of Participant's Spouse for whom a valid guardianship document has been submitted to HRMD.</p>	<p>1. Grandparent Relationship</p> <p>Spousal Relationship</p> <p>Guardianship document</p>	<p>1. Birth certificate of parent of grandchild showing participant's <u>spouse as parent</u> of one of grandchild's parents.</p> <p><u>PLUS</u></p> <p>2. Birth certificate of grandchild showing child of participant's spouse as one of grandchild's parents.</p> <p>(## See Note regarding Name Changes.)</p> <p><u>PLUS</u></p> <p>Marriage certificate for Participant and Spouse</p> <p>OR</p> <p>Declaration and Registration of Informal Marriage for Participant and Spouse</p> <p><u>PLUS</u></p> <p><u>Court Declaration of Guardianship</u> of the</p>

		Person naming Participant's Spouse as guardian.
A natural grandchild of Participant's Domestic Partner for whom a valid guardianship document has been submitted to HRMD.	<ol style="list-style-type: none"> 1. Grandparent Relationship 2. Domestic Partner Relationship 3. Guardianship document 	<ol style="list-style-type: none"> 1. Birth certificate of parent of grandchild showing participant's domestic partner as parent of one of grandchild's parents <p>PLUS</p> <ol style="list-style-type: none"> 2. Birth Certificate of grandchild showing child of participant's domestic partner as one of grandchild's parents. <p>(## See Note regarding Name Changes.)</p> <p>PLUS</p> <ol style="list-style-type: none"> 3. Completion of online <u>Electronically signed Certificate of Domestic Partnership</u> in form set by HRMD <p>IF THE CERTIFICATE OF DOMESTIC PARTNERSHIP WAS COMPLETED DURING OPEN ENROLLMENT, IT WILL NOT BE NEEDED FOR THIS AUDIT!!</p> <p>PLUS</p> <ol style="list-style-type: none"> 4. Court Declaration of Guardianship of the Person naming Participant's Spouse as guardian.
A legally adopted child of Participant.	<ol style="list-style-type: none"> 1. Parental Relationship 	<ol style="list-style-type: none"> 1. <u>Final order of adoption</u> of child showing participant as child's parent.
A legally adopted child of Participant's Spouse.	<ol style="list-style-type: none"> 1. Parental Relationship 	<p><u>Final order of adoption</u> of child showing participant's spouse as child's parent.</p> <p>(## See Note regarding Name Changes.)</p> <p>PLUS</p>

	2. Spousal Relationship	2. Marriage certificate for Participant and Spouse Or Declaration and Registration of Informal Marriage for Participant and Spouse
A legally adopted child of Participant's Domestic Partner.	1. Parental Relationship 2. Domestic Partner Relationship	1. <u>Final order of adoption</u> of child showing participant's domestic partner as child's parent. (## See Note regarding Name Changes.) PLUS 2. Completion of online Electronically signed Certificate of Domestic Partnership in form set by HRMD IF THE CERTIFICATE OF DOMESTIC PARTNERSHIP WAS COMPLETED DURING OPEN ENROLLMENT, IT WILL NOT BE NEEDED FOR THIS AUDIT!!
A child placed with Participant for adoption.	1. Prospective parental relationship	1. Adoption documentation
A child placed with Participant's Spouse for adoption.	1. Parental Relationship 2. Spousal Relationship	1. Adoption documentation PLUS Marriage certificate for Participant and Spouse OR Declaration and Registration of Informal Marriage for Participant and Spouse
A child placed with Participant's Domestic Partner for adoption.	1. Parental Relationship 2. Domestic Partner Relationship	1. Adoption documentation PLUS 2. Completion of online Electronically signed Certificate of Domestic Partnership in form set by HRMD IF THE CERTIFICATE OF

		DOMESTIC PARTNERSHIP WAS COMPLETED DURING OPEN ENROLLMENT, IT WILL NOT BE NEEDED FOR THIS AUDIT!!
A child for whom Participant is required to provide health care coverage through a 'Qualified Medical Child Support Order' or other court or administrative order.	1. Court Ordered Responsibility to provide health care coverage	1. <u>Court order</u> requiring Participant to provide health care coverage for a child if Plan Sponsor determines that order meets the criteria of a Qualified Medical Child Support Order.
A child for whom Participant's Spouse is required to provide health care coverage through a 'Qualified Medical Child Support Order' or other court or administrative order.	1. Spousal Relationship 2. Court Ordered Responsibility to provide health care coverage	1. <u>Marriage certificate</u> for Participant and Spouse or Declaration and Registration of Informal Marriage for Participant and Spouse PLUS 2. <u>Court order</u> requiring Participant's Spouse to provide health care coverage for a child if Plan Sponsor determines that order meets the criteria of a Qualified Medical Child Support Order.
A child for whom Participant's Domestic Partner is required to provide health care coverage through a 'Qualified Medical Child Support Order' or other court or administrative order.	1. Domestic Partner Relationship 2. Court Ordered Responsibility to provide health care coverage	1. Completion of online Electronically signed Certificate of Domestic Partnership in form set by HRMD IF THE CERTIFICATE OF DOMESTIC PARTNERSHIP WAS COMPLETED DURING OPEN ENROLLMENT, IT WILL NOT BE NEEDED FOR THIS AUDIT!! PLUS 2. <u>Court order</u> requiring Participant's Domestic Partner to provide health care coverage for a child if Plan Sponsor determines that order meets the criteria of a Qualified Medical Child Support Order.