

Dependent Eligibility Verification Required Documentation

Dependents eligible for PEEHIP coverage and the documents required to show proof of a dependent's eligibility are listed and defined below. All dependents must have a valid Social Security Number (SSN) to be eligible and must provide a copy of their Social Security card to PEEHIP. Any dependent without a SSN must provide valid, unexpired immigration documents. An Individual Tax Identification Number can be provided for tax reporting purposes, but it must be accompanied with these required immigration documents.

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Dependents	Eligibility Definition	Documentation Required
-		(copies only, no original documents)
Spouse	A person to whom you are currently and legally married. Ex- spouses and commonlaw spouses are not eligible dependents even if a member continues to pay for family coverage.	Copy of Social Security card, copy of marriage certificate filed with probate court, AND copy of one of the following documents to show marriage is still current. If married six months or less, additional proof is not required.
	The ex-spouse and (ex-stepchildren) must be deleted from coverage effective the first day of the month following the date of divorce.	Documents below must list BOTH member and spouse. If unavailable, a document can list ONLY the spouse but must show the SAME address as the member.
	Black out account numbers, income, or statement balances prior to sending your documents to PEEHIP. Under no circumstances does PEEHIP solicit this type of information from members.	 Current mortgage statement, home equity loan, or lease agreement Current utility bill (water, electric, gas, cellular, etc.) Current credit card or account statement Current cable or satellite service bill Property tax documents Current automobile registration
		If the above documents are not available: • Transcript of member's most current Federal 1040 Income Tax Return listing BOTH member and spouse If filed separately, spouse's transcripts also required NOTE: "Current" is defined as within the last six (6) months.
Separated Spouse	A legally separated spouse	Notice of Legal Separation (court documents signed by a judge)
Biological Child	Member's biological child who is under age 26	Copy of Social Security card AND copy of Birth Certificate (issued by a state, county or vital records office)
Foster Child	A child under age 26 who is placed with a member by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.	Copy of Social Security card AND Placement Authorization signed by a judge OR Final Court Order with presiding judge's signature and seal
Adopted Child	Member's legally adopted child under age 26	Copy of Social Security card AND one of the following documents: Certificate of Adoption Papers from the adoption agency showing intent to adopt Court documents signed by a judge showing the member has adopted the child International adoption papers from country of adoption Birth Certificate (issued by a state, county, or vital records office naming the adopted parents)

A child under age 26 who is the natural All of the following documents: Step Child offspring or adopted child of the covered Copy of Social Security card member's spouse. Birth certificate of step child showing member's Marriage certificate showing the step child's biological parent is married to member **NOTE:** If the spouse is not covered under the PEEHIP plan, in addition to the above documents, you must submit proof that your marriage is still current. Please refer to the Spouse category for a list of acceptable documentation. If step child is added at different time than spouse other current proof of marriage is required. An unmarried incapacitated child 26 years of All of the following documents: **Incapacitated** age or older who: Copy of Social Security card Child is permanently incapable of self-Incapacitated Dependent Certification Form including the Authorization for Disclosure of sustaining employment because of a physical or mental handicap Protected Health Information. Proof of the child's condition and dependence must have been is chiefly dependent on the member for submitted to PEEHIP within 45 days after the date support AND the child would otherwise have ceased to be was disabled prior to the time the child covered because of age. attained age 26, and the child had to be covered as a dependent on the Proof of the required document(s) for one of the member's PEEHIP policy before reaching dependent categories as noted above to show the the limiting age. child is your biological child, adopted or stepchild. **Two Exceptions:** New member requests coverage of an incapacitated child over the age of 26 Medicare Card, if applicable within 30 days of employment; OR Existing member requests hospital medical coverage of the incapacitated child over the age of 26 within 45 days of the qualifying life event of loss of other hospital medical group coverage If approved for coverage, the child is not eligible to be covered on any other PEEHIP plans once he/she reaches the limiting age of 26 as an incapacitated child. Any other children, such as grandchildren, Copy of Social Security card AND Other Child for example, must meet the same Placement Authorization signed by a judge requirements as foster children and must be placed with you by decree or other order of Final Court Order with presiding judge's signature and a court of competent jurisdiction, for seal example, legal custody, legal guardianship.

Pursuant to the Federal Health Care Reform mandates, a child under the age of 26 can be married or unmarried without conditions of residency, student status, or dependency. However, PEEHIP is not required and will not provide coverage for a child of a child receiving dependent coverage.

RESOURCES TO OBTAIN DOCUMENTS:

- Birth Certificates and Marriage Licenses: http://www.cdc.gov/nchs/w2w.htm (click on your State for details)
- Children born outside the United States: http://www.travel.state.gov/passport/fag/fag_1741.html
- Social Security cards: https://www.ssa.gov
- Immigration Documents: https://my.uscis.gov/exploremyoptions

If you have questions, please call the PEEHIP office at 1-877-517-0020.