Dependent Eligibility Documentation Requirements

Dependent Status	Required Documentation	Resources to Obtain Docs
Spouse	• Marriage Certificate **and** • Most recent Federal Tax Form (1040 or 1040A) that identifies employee-spouse relationship [1st page only & black out financial information], or if applicable Immigration papers that identify employee - spouse relationship	City/town hall office that issued original marriage license or certificate.
Child by Birth	• Birth certificate (must show parents names)	• City/town hall office that issued original birth certificate • Court or agency that issues order • Social Security Administration • US Dept of State Immigration Agency (for children born outside of the US) • Adoption agency
Step-child	• Birth certificate (must show parents names) **and** • Marriage Certificate or fulfillment of Lifespan's Common Law or Domestic Partner requirements **and** • Most recent Federal Tax Form (1040 or 1040A) that identifies employee-spouse relationship [1st page only & black out financial information]	
Child by Adoption	• Birth certificate (must show parents names) **or** • Certified placement and/or adoption papers	
Legal Guardianship	• Birth certificate (must show parents names) **and** • Court Guardianship order	
Common-Law Spouse	• Completed Lifespan Common Law Affidavit **and** • Provide at least two (2) of the following items. All items must be dated one (1) year prior to request for coverage: ❑ Common Law Marriage Agreement or Relationship Contract ❑ Joint mortgage or joint ownership of primary residence ❑ The Common Law Spouse has been designated as a beneficiary for the employee's will, retirement contract or life insurance ❑ Joint ownership of vehicle ❑ Joint checking or savings account ❑ Joint credit or personal loan account ❑ Joint lease ❑ Most recent Federal Tax Form indicating that you were married [1st page only & black out financial information]	• Contact your Benefits Representative at: 444-5265 RIH/LCS/TMH 432-1239 Bradley Hospital 845-1301 Newport Hospital
Domestic Partner	• Completed Lifespan Declaration of Domestic Partnership **and** • Provide at least two (2) of the following items. All items must be dated one (1) year prior to request for coverage: ❑ Domestic Partnership Agreement or Relationship Contract ❑ Joint mortgage or joint ownership of primary residence ❑ The Domestic Partner has been designated as a beneficiary for the employee's will, retirement contract or life insurance ❑ Joint ownership of vehicle ❑ Joint checking or savings account ❑ Joint credit or personal loan account ❑ Joint lease	• Contact your Benefits Representative at: 444-5265 RIH/LCS/TMH 432-1239 Bradley Hospital 845-1301 Newport Hospital

Lifespan reserves the right to request additional information. If you have covered dependent children who are 19 or older, Lifespan will also request proof of full-time student status.

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