

## Dependent Eligibility Documentation Requirements

Dependent Status	Required Documentation	Resources to Obtain Docs
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• Marriage Certificate <b>and</b></li> <li>• Most recent Federal Tax Form (1040 or 1040A) that identifies employee-spouse relationship [1<sup>st</sup> page only &amp; black out financial information], or if applicable Immigration papers that identify employee - spouse relationship</li> </ul>	<ul style="list-style-type: none"> <li>• City/town hall office that issued original marriage license or certificate.</li> </ul>
<b>Child by Birth</b>	<ul style="list-style-type: none"> <li>• Birth certificate (must show parents names)</li> </ul>	<ul style="list-style-type: none"> <li>• City/town hall office that issued original birth certificate</li> <li>• Court or agency that issues order</li> <li>• Social Security Administration</li> <li>• US Dept of State Immigration Agency (for children born outside of the US)</li> <li>• Adoption agency</li> </ul>
<b>Step-child</b>	<ul style="list-style-type: none"> <li>• Birth certificate (must show parents names) <b>and</b></li> <li>• Marriage Certificate or fulfillment of Lifespan's Common Law or Domestic Partner requirements <b>and</b></li> <li>• Most recent Federal Tax Form (1040 or 1040A) that identifies employee-spouse relationship [1<sup>st</sup> page only &amp; black out financial information]</li> </ul>	
<b>Child by Adoption</b>	<ul style="list-style-type: none"> <li>• Birth certificate (must show parents names) <b>or</b></li> <li>• Certified placement and/or adoption papers</li> </ul>	
<b>Legal Guardianship</b>	<ul style="list-style-type: none"> <li>• Birth certificate (must show parents names) <b>and</b></li> <li>• Court Guardianship order</li> </ul>	
<b>Common-Law Spouse</b>	<ul style="list-style-type: none"> <li>• Completed Lifespan Common Law Affidavit <b>and</b></li> <li>• Provide at least two (2) of the following items. All items must be dated one (1) year prior to request for coverage:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Common Law Marriage Agreement or Relationship Contract</li> <li><input type="checkbox"/> Joint mortgage or joint ownership of primary residence</li> <li><input type="checkbox"/> The Common Law Spouse has been designated as a beneficiary for the employee's will, retirement contract or life insurance</li> <li><input type="checkbox"/> Joint ownership of vehicle</li> <li><input type="checkbox"/> Joint checking or savings account</li> <li><input type="checkbox"/> Joint credit or personal loan account</li> <li><input type="checkbox"/> Joint lease</li> <li><input type="checkbox"/> Most recent Federal Tax Form indicating that you were married [1<sup>st</sup> page only &amp; black out financial information]</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Contact your Benefits Representative at: 444-5265 RIH/LCS/TMH 432-1239 Bradley Hospital 845-1301 Newport Hospital</li> </ul>
<b>Domestic Partner</b>	<ul style="list-style-type: none"> <li>• Completed Lifespan Declaration of Domestic Partnership <b>and</b></li> <li>• Provide at least two (2) of the following items. All items must be dated one (1) year prior to request for coverage:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Domestic Partnership Agreement or Relationship Contract</li> <li><input type="checkbox"/> Joint mortgage or joint ownership of primary residence</li> <li><input type="checkbox"/> The Domestic Partner has been designated as a beneficiary for the employee's will, retirement contract or life insurance</li> <li><input type="checkbox"/> Joint ownership of vehicle</li> <li><input type="checkbox"/> Joint checking or savings account</li> <li><input type="checkbox"/> Joint credit or personal loan account</li> <li><input type="checkbox"/> Joint lease</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Contact your Benefits Representative at: 444-5265 RIH/LCS/TMH 432-1239 Bradley Hospital 845-1301 Newport Hospital</li> </ul>

*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.*