

Dependent Eligibility Documentation Requirements

Dependent Status	Required Documentation	Resources to Obtain Docs
Spouse	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • City/town hall office that issued original marriage license or certificate.
Child by Birth	<ul style="list-style-type: none"> • Birth certificate (must show parents names) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Birth certificate (must show parents names) or • Certified placement and/or adoption papers 	
Legal Guardianship	<ul style="list-style-type: none"> • Birth certificate (must show parents names) and • Court Guardianship order 	
Common-Law Spouse	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> <input type="checkbox"/> Common Law Marriage Agreement or Relationship Contract <input type="checkbox"/> Joint mortgage or joint ownership of primary residence <input type="checkbox"/> The Common Law Spouse has been designated as a beneficiary for the employee's will, retirement contract or life insurance <input type="checkbox"/> Joint ownership of vehicle <input type="checkbox"/> Joint checking or savings account <input type="checkbox"/> Joint credit or personal loan account <input type="checkbox"/> Joint lease <input type="checkbox"/> Most recent Federal Tax Form indicating that you were married [1st page only & black out financial information] 	<ul style="list-style-type: none"> • Contact your Benefits Representative at: 444-5265 RIH/LCS/TMH 432-1239 Bradley Hospital 845-1301 Newport Hospital
Domestic Partner	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> <input type="checkbox"/> Domestic Partnership Agreement or Relationship Contract <input type="checkbox"/> Joint mortgage or joint ownership of primary residence <input type="checkbox"/> The Domestic Partner has been designated as a beneficiary for the employee's will, retirement contract or life insurance <input type="checkbox"/> Joint ownership of vehicle <input type="checkbox"/> Joint checking or savings account <input type="checkbox"/> Joint credit or personal loan account <input type="checkbox"/> Joint lease 	<ul style="list-style-type: none"> • 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.