

## Word - Supporting documentation for dependent benefits enrollment (2 PAGES)

**IMPORTANT:** All supporting documentation must be submitted with a completed ERB or NYCAPS customized benefits enrollment form, or with a NYCAPS eBenefits coversheet, within 31 days of the qualifying event. If the document is not in English, then the document(s) must be translated by an accredited translator and the translated version submitted to HR Connect’s Health Benefits Administration.

Qualifying Event	Dependent type	Acceptable documentation
Opposite-sex Marriage	Spouse	<p>Copy of your marriage <b>certificate</b></p> <p><b>NOTE:</b> A marriage <b>license</b>, or a marriage certificate issued by a house of worship, are not valid forms of supporting documentation.</p> <p><b>NOTE:</b> Out-of-state marriage certificates for same-sex spouses WILL be accepted as supporting documentation when adding a same-sex spouse as a dependent. However, for federal tax purposes, the spouse will be processed as, and considered, a domestic partner.</p>
Domestic partnership/same-sex marriage	Domestic partner/same-sex spouse	Copy of your New York City domestic partner registration <b>OR</b> marriage certificate. Also, contact the Domestic Partnership Unit at the Office of Labor Relations at (212) 306-7605 for information about domestic partners.
New child under 19	Employee is custodial parent (excluding children of domestic partners)	<p><b>Discharge papers or foot prints</b> are no longer accepted as supporting documentation when adding a child to your benefits (due to birth).</p> <p>One of the options below is the <b>only supporting documentation that will be accepted:</b></p> <ol style="list-style-type: none"> <li>a. A copy of the child's <b>birth certificate</b>.</li> <li>b. If the <b>child was born in a hospital</b>, submit a <b>letter from the hospital</b> that includes all of the following: <ul style="list-style-type: none"> <li>• Mother's <b>and</b> Father's name</li> <li>• Name of the baby</li> <li>• Date of birth of the baby</li> </ul> </li> <li>c. If the <b>child was not born in a hospital</b>, or born at home, submit a <b>notarized letter from the midwife</b> that includes all of the following: <ul style="list-style-type: none"> <li>• Mother's and Father's name</li> <li>• Name of the baby</li> <li>• Date of birth of the baby</li> </ul> </li> <li>d. Legal guardianship/custody papers.</li> <li>e. If the <b>child was adopted</b>, submit the following: <ul style="list-style-type: none"> <li>• Court papers regarding the adoption (and birth certificate if available)</li> </ul> </li> </ol>

	Employee is domestic partner or spouse of child's parent	Copy of the child's birth certificate <b>AND</b> the domestic partnership certificate (or marriage certificate) <b>AND</b> documentation proving that the employee is responsible for the support of the child (for example, tax forms or court orders)
	Employee is non-custodial parent	Copy of the child's birth certificate <b>AND</b> copy of the court order instructing employee to include child on coverage
	Employee is child's guardian (may include grandparents)	Copy of the child's birth certificate <b>AND</b> guardianship papers
	Employee is child's stepparent	Copy of the child's birth certificate <b>AND</b> the spouse/domestic partner must also be included as a dependent on the employee's health plan
	Employee is father of child and not listed on birth certificate	<ul style="list-style-type: none"> <li>• If mother of the child is employee's dependent, copy of the child's birth certificate, <b>OR</b></li> <li>• If mother of the child is NOT employee's dependent, letter of filiation (paternity) from the court <b>AND</b> copy of the child's birth certificate</li> </ul>
New child (age 19-26)	Young Adult (Effective July 1, 2011 onwards)	<ul style="list-style-type: none"> <li>• Copy of the child's birth certificate, or legal guardianship/custody papers</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Copy of a completed "Young Adult Health Benefits Coverage Eligibility Certification" form. You can download this form from <a href="http://schools.nyc.gov/dhrforms">schools.nyc.gov/dhrforms</a>.</li> </ul>
Loss of coverage	Spouse	Copy of marriage certificate <b>AND</b> documentation indicating that they have lost their health coverage (such as a termination letter from their previous employer or benefits carrier)
	Domestic partner/same-sex spouse	Copy of the New York City domestic partner registration or marriage certificate <b>AND</b> documentation indicating that they have lost their health coverage (such as a termination letter from their previous employer or benefits carrier)
	Child (19 to 26)	<p>Copy of the child's birth certificate.</p> <p><b>AND</b></p> <p>Documentation indicating that they have lost their health coverage (such as a termination letter from the child's parent's previous employer or benefits carrier).</p> <p><b>AND</b></p> <p>A completed "Young Adult Health Benefits Coverage Eligibility Certification" form. You can download this form from <a href="http://schools.nyc.gov/dhrforms">schools.nyc.gov/dhrforms</a>.</p>
Name Change		Copy of Social Security Card.