



# HARFORD COUNTY PUBLIC SCHOOLS

HUMAN RESOURCES ~ BENEFITS OFFICE  
102 S. Hickory Avenue ♦ Bel Air, Maryland 21014  
410-588-5275 ~ FAX: 410-588-5316

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## Dependent Verification for Health/Dental Coverage

### Part I (To be completed by employee)

Documentation must be provided if you wish to add a dependent (*spouse or child*) to your health and/or dental coverage.

\_\_\_\_\_  
*Employee Name (Print)*

\_\_\_\_\_  
*Employee ID#*

\_\_\_\_\_  
*School*

This certifies that all dependents covered under my health and/or dental insurance are my legal dependents as defined in the Harford County Public Schools Benefit Guide. I understand that engaging in insurance fraud, which is defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made" is subject to disciplinary action. In addition, I understand I will be held liable for any claims or fees incurred for the individual that is not a dependent.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**Return this form with required documentation attached to:**

**HCPS, Human Resources – Benefits Office  
102 S. Hickory Avenue  
Bel Air, MD 21014  
FAX: 410-588-5316**

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### Part 2 (To be completed by the Benefits Office)

This certifies that proper documentation was received to verify that all dependents covered on Harford County Public Schools health and/or dental insurance are legal dependents as defined in the HCPS Benefit Guide.

#### **Provided Documentation Includes:**

##### Proof for Dependent Child

- Birth certificate
- Document from the hospital with name and date of birth
- Adoption papers
- Legal Guardianship substantiated by a court order
- Qualified Medical Child Support Order (QMCSO)
- Other \_\_\_\_\_

##### Proof for Dependent Spouse

- Marriage license
- Copy of Federal Tax Return
- Other \_\_\_\_\_

\_\_\_\_\_  
*Signature of Benefits Coordinator*

\_\_\_\_\_  
*Date*

## Dependent Eligibility Documentation Requirements

Relationship to Employee	Eligibility Definition	Documentation for Verification of Relationship
<b>Spouse</b>	A member of the opposite sex to whom you are legally married	<ul style="list-style-type: none"> <li>• Copy of marriage certificate <b>and</b> most recent Federal Tax Form (1040 or 1040A)* that identifies employee-spouse relationship (<i>attach 1<sup>st</sup> page only &amp; black out financial information</i>)</li> </ul> <p><i>*If marriage occurred in current year, tax form is not needed.</i></p>
<b>Dependent Child(ren)</b>	Dependent children until the end of the month in which they reach age 26.	<p><b>Natural Child – Provide 1 of the following:</b></p> <ul style="list-style-type: none"> <li>• Copy of birth certificate showing employee’s name, <b>or</b></li> <li>• Hospital verification of birth (<i>must include child’s name, date of birth, and parent’s names</i>), <b>or</b></li> <li>• Certificate of birth</li> </ul> <p><b>Step Child – Provide 1 of the above</b> showing employee’s spouse name; <b>and</b> a copy of marriage certificate showing the employee and parent’s name.</p> <p><b>Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren)</b> –Copy of Final Court Ordered Custody with presiding judge’s signature and seal, <b>or</b> Adoption Final Decree with presiding judge’s signature and seal.</p> <p><b>Child for whom the court has issued a QMCSO</b> – A copy of the Qualified Medical Child Support Order.</p>
<b>Disabled Dependents</b>	Unmarried dependent children over the age limit if: <ol style="list-style-type: none"> <li>1. They are dependent on you for primary financial support and maintenance due to a physical or mental disability,</li> <li>2. They are incapable of self-support, and</li> <li>3. The disability existed before reaching age 26 or while covered under the plan.</li> </ol>	<ul style="list-style-type: none"> <li>• Copy of Social Security disability award (<i>if a disability ruling by Social Security is pending, include a current copy of the application for disability</i>):</li> </ul> <p style="text-align: center;"><b>and</b></p> <p style="text-align: center;">Federal Tax Return for year just filed.</p> <p style="text-align: center;"><b>and</b></p> <p style="text-align: center;">Completed Disability Form (<i>Request from Benefits Office</i>)</p>