



Dependent Verification for Health/Dental Coverage

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.

Signature of Employee

Date

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.

Documentation Provided Includes:

Proof for Dependent Child

- Birth Certificate
- Document from Hospital with Name and Birth Date
- Adoption papers
- Legal Guardianship substantiated by a Court Order
- Qualified Medical Child Support Order QMSCO
- Other _____

Proof for Dependent Spouse

- Marriage License
- Copy of Federal Tax Return
- Other _____

Signature of Benefit Coordinator

Date

Attach documentation to this form and return to:

HCPS Benefits Office, 102 S Hickory Ave, Bel Air, MD 21014

Dependent Eligibility Documentation Requirements

Relationship to Employee	Eligibility Definition	Documentation for Verification of Relationship
Spouse	A member of the opposite sex to whom you are legally married	Copy of marriage certificate and most recent Federal Tax Form (1040 or 1040A)* that identifies employee-spouse relationship (1 st page only & black out financial information) *If marriage occurred in current year, Tax Form is not needed.
Dependent Child(ren)	<ul style="list-style-type: none"> • Unmarried dependent children until the end of the calendar year in which they reach age 19 • Unmarried dependent children to the end of the year they reach age 25 if a full-time student in an accredited school or college* <p>*If dependent is a full-time student you are required to provide a completed Student Certification Form and class schedule to the Benefits Office within 30 days of start date of classes.</p>	<p>Natural Child – Provide 1 of the following:</p> <ul style="list-style-type: none"> • Copy of birth certificate showing employee’s name or • Hospital verification of birth or • Certificate of birth <p>Step Child – Provide 1 of the above showing employee’s spouse name; and a copy of marriage certificate showing the employee and parent’s name</p> <p>Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren) – Copy of Final Court Ordered Custody with presiding judge’s signature and seal, or Adoption Final Decree with presiding judge’s signature and seal.</p> <p>Child for whom the court has issued a QMSCO – A copy of the Qualified Medical Child Support Order</p>
Disabled Dependents	<ul style="list-style-type: none"> • Unmarried dependent children over the age limit if: <ol style="list-style-type: none"> 1. They are dependent on you for primary financial support and maintenance due to a physical or mental disability, 2. They are incapable of self-support, and 3. The disability existed before reaching age 19 or while covered under the plan. 	Copy of Social Security disability award (if a disability ruling by Social Security is pending, include a current copy of the application for disability) and Federal Tax Return for year just filed. and Completed Disability Form (Request from Benefits Office)