



PINAL COUNTY

FY 2015 / 2016 DEPENDENT ELIGIBILITY VERIFICATION FORM

Employee Name: _____

Date: _____

Employee ID or SSN #: _____

Pinal County is required to ensure that only employees and their eligible dependents are receiving health care coverage under the terms and conditions of the contracts for the benefits programs. Please complete and submit this Dependent Verification Form for ALL dependents **you are adding to your benefit plan** along with the required documents. .

Dependent Name	Relation	Dependent Type Check all that apply for each eligible dependent	
	Spouse	<input type="checkbox"/> Legally Married	
	Child <i>Proof of parenthood required for ALL children.</i>	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Court-ordered Guardian	<input type="checkbox"/> Court-order (QMCSO) <input type="checkbox"/> Adult child (age 19-26)
	Child <i>Proof of parenthood required for ALL children.</i>	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Court-ordered Guardian	<input type="checkbox"/> Court-order (QMCSO) <input type="checkbox"/> Adult child (age 19-26)
	Child <i>Proof of parenthood required for ALL children.</i>	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Court-ordered Guardian	<input type="checkbox"/> Court-order (QMCSO) <input type="checkbox"/> Adult child (age 19-26)
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Certification: The employee must provide a signature below or this form will not be processed.

I certify the information I have provided is true and correct and that I am responsible for updating the information I have provided in the event it changes. If I apply for or continue coverage for anyone who is not eligible under Pinal County's plan, or if I do not notify Pinal County of my dependent's eligibility for other employer coverage, this may be considered fraud or intentional misrepresentation and coverage may be rescinded or terminated to the extent permitted by law. In addition, I agree to be liable for any and all claims presented and paid on behalf of my ineligible dependent(s) by Pinal County

Signature

Date

REQUIRED DOCUMENTATION Dependent Eligibility Verification and Enrollment

Human Resources must guarantee consistent application of eligibility requirements in accordance with the benefit program vendor contracts. Employees that enroll dependents for coverage (legal spouses, children and disabled dependents) must provide the following documentation in addition to the appropriate health benefits application. **Failure to do so will result in denial of dependent coverage.**

DEPENDENTS	ELIGIBILITY	DOCUMENTATION REQUIRED
SPOUSE	A person to whom you are in a legally valid, existing marriage.	<ul style="list-style-type: none"> ➤ Copy of the Marriage Certificate.
CHILDREN	<p>An employee's children or those of his/her legal spouse, including biological children, step-children, children under legal guardianship substantiated by a court order, legally adopted children and children placed for adoption in accordance with applicable State or Federal law.</p> <p>A dependent child will be eligible for benefits until the end of the month on his/her twenty-sixth (26th) birthday.</p> <p>A dependent child who is continuously incapable of self-sustaining employment because of a mental or physical handicap and who is chiefly dependent upon the employee for support may be eligible for benefits beyond the limiting age provided medical documentation is submitted within 31 days of the child reaching the limiting age or upon request by the insurance plan provider.</p>	<p>Natural child</p> <ul style="list-style-type: none"> ➤ Copy of the child's birth certificate showing the name of the employee as a parent. <p>Step-child</p> <ul style="list-style-type: none"> ➤ Copy of the child's birth certificate showing the name of the employee's spouse as a parent and a copy of the marriage certificate showing the names of the employee and spouse. <p>Permanent Legal Guardian or Adoption</p> <ul style="list-style-type: none"> ➤ Copy of signed and file-stamped court order providing employee or eligible spouse with legal custody.