

Required Documentation for Adding a Dependent to Benefits

Relationship Type	Description	Required Documents
Spouse	Your <i>spouse</i> , provided you are not legally separated	 A copy of your marriage certificate AND One of the following: A copy of most recent federal tax return confirming this dependent is your spouse; A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. Signed and notarized affidavit declaring you are married The document must list your spouse's name, the date, and your mailing address. Acceptable documents include a utility bill, bank account statement, or credit card statement. Unacceptable documents include checks/deposit slips, coupon books, advertisements or solicitations, envelopes with a postmark date, or any type of insurance cards or health insurance documents.
	A <i>child</i> is defined as your or your spouse's natural child, stepchild (provided the natural parent remains married to you and resides in the household), legally adopted child or child placed with you for adoption, a child for whom you or your spouse has been appointed the legal guardian or custodian, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.	 spouse as the child's parent. The document must list the first and last names of the child and parent(s) OR a copy of the court order naming you or your spouse as the child's legal guardian or custodian. <i>Please Note:</i> If you are covering a <i>stepchild</i> you must also provide documentation of your current relationship to your spouse as requested.
Disabled Dependent	Coverage may be extended to a child of any age who is incapable of self- support due to a mental or physical disability.	 A copy of the child's birth certificate/hospital birth record or adoption certificate naming you or your spouse as the child's parent. The document must list the first and last names of the child and parent(s) OR a copy of the court order naming you or your spouse as the child's legal guardian or custodian. A copy of the physician's documentation declaring the child disabled <i>Please Note:</i> If you are covering a <i>stepchild</i> you must also provide documentation of your current relationship to your spouse as requested.

Please Note: All changes due to a qualifying event must be reported to the Cuyahoga County Human Resources Department within 30 consecutive days of the event.