



To be completed and submitted by the Peralta Employee/Retiree

Date: _____

From: Employee/Retiree: _____
Please print your name above

To: Peralta Community College District
Benefits Office
333 East 8th Street
Oakland, CA 94606

Re: Dependent Eligibility Audit Follow up

Enclosed is/are documents to verify that my dependent(s) listed below is/are eligible for coverage under a Peralta group medical and/or dental plan.

I understand that because my document(s) for the dependent noted below may not have been received by the Dependent Eligibility Audit Team before the November 11, 2016 deadline, I am submitting documents directly to the Benefits Office per that attached Required Documentation Matrix.

Preferred email address: _____
Mailing Address: _____
District Status: Active/Retire (circle one)
Affiliation: Local 39/1021/PFT/Administrator/Confidential (circle one)
Number to call me follow up action _____
Email address for me regarding any follow up action: _____
Employee signature: _____ Date: _____

To be completed by the employee or retiree				To be completed by the Benefits Office		
Last	First	DOB	Relation-ship	Type of Document Received	Type of Document Received	Additional documentation required? If so, respond in 10 days

Cc: file



Peralta Community College District Required Documentation Matrix

The below matrix outlines the documentation options that you can submit to verify eligibility for each dependent enrolled with health coverage. Please note the following:

- Send photocopies only. **Do not send original documents.**
- Mark out any personal financial information such as income, Social Security Numbers, account balances, payment amounts, and so on.
- Write the Employee's Name and Audit ID Number (located on cover letter) on each document.
- Retain a copy of all documentation and completed forms for your records.

Spouse	
Please provide the following document to verify Proof of Relationship and Joint Ownership.	
<ul style="list-style-type: none"> • First Page of Employee's or Spouse's Federal Tax Return Photocopy of the first page of the employee or spouse's 2015 tax return showing "Married Filing Jointly" or "Married Filing Separately." The spouse's name must be entered on the employee's tax form in the space provided after the "Married Filing Separately" status. <i>Note: This document satisfies both Proof of Relationship and Proof of Joint Ownership. Please mark out all financial information.</i> <p style="margin-top: 10px;"><u>If you are unable to provide Employee or Spouse's Federal Tax Return, please provide one document from each of the following columns to verify Proof of Relationship and Proof of Joint Ownership</u></p>	
Spouse or Domestic Partner	
If unable to provide a Federal Tax Return, please provide <u>one</u> document from <u>each</u> column to verify Proof or Relationship and Proof of Joint Ownership.	
Proof of Relationship Documents	Proof of Joint Ownership Documents
<ul style="list-style-type: none"> • Certified Marriage Certificate or License Photocopy of certified marriage certificate with appropriate signature and/or stamp/seal showing on photocopy or legally valid marriage license from appropriate state or local government. • Immigration Paperwork Photocopy of immigration papers with appropriate signature and/or stamp/seal showing on photocopy that identifies employee/spouse relationship. • Notarized Affidavit of Domestic Partnership Notarized Affidavit of Domestic Partnership. 	<ul style="list-style-type: none"> • Home Ownership Photocopy of mortgage statement dated within the past 3 months showing both names as mortgage holders/tenants. <i>Note: Please mark out all financial information.</i> • Joint Rental Property Photocopy of lease or rental agreement dated within the past 12 months showing both names as tenants. <i>Note: Please mark out all financial information.</i> • Home/Rental Insurance Photocopy of homeowner's insurance, renter's insurance, or property tax receipt dated within the past 12 months showing both names as mortgage holders/tenants. <i>Note: Please mark out all financial information.</i> • Bank Statement Photocopy of joint bank account statement dated within the past 3 months showing both names as account holders. <i>Note: Please mark out all financial information.</i>

Spouse or Domestic Partner – continued

Proof of Relationship Documents	Proof of Joint Ownership Documents
	<ul style="list-style-type: none"><li data-bbox="833 319 1442 478">• Credit Card Statement Photocopy of credit card statement dated within the past 3 months showing both names as card holders. <i>Note: Please mark out all financial information.</i><li data-bbox="833 499 1442 625">• Automobile Statement Photocopy of automobile title or registration dated within the past 12 months listing both names as co-owners.<li data-bbox="833 646 1442 806">• Loan Statement Photocopy of a loan agreement dated within the past 12 months showing both names as co-borrowers. <i>Note: Please mark out all financial information</i><li data-bbox="833 827 1442 1045">• Miscellaneous Bills Photocopy of two different types of current bills dated within the past 3 months showing one of the spouse's names on each bill and the same common mailing address, e.g. telephone bill, electric bill, cable bill. <i>Note: Please mark out all financial information.</i><li data-bbox="833 1066 1442 1226">• Beneficiary Statement Photocopy of designation as the primary beneficiary for life insurance or retirement benefits. <i>Note: Please mark out all financial information.</i><li data-bbox="833 1247 1442 1339">• Driver's License Photocopy of the employee's and spouse's driver's licenses listing a common address.

Natural Child, Adopted Child, Step Child, Dependent Child by Custody, Court Order, or Guardianship

Please provide **one** document for each child to verify Proof of Relationship.

- **Federal Tax Return**
Photocopy of the first page of the employee's or spouse's 2015 Federal Tax return showing the child listed as an eligible dependent. *Note: Mark out all financial information.*
- **Certified Birth Certificate**
Photocopy of certified birth certificate with appropriate signature and/or stamp/seal showing on photocopy that identifies the parent/child relationship with the employee or spouse
- **Hospital Verification of Birth (Less than 6 months old)**
For children under 6 months old, photocopy of hospital verification of birth that identifies the employee or spouse as the child's parent
- **Certified Adoption Certificate**
Photocopy of certified court approved adoption document with appropriate signature and/or stamp/seal showing on photocopy that identifies the employee or spouse as the child's parent
- **Adoption Agreement**
Photocopy of placement letter/agreement from court or adoption agency that identifies the employee or spouse as the child's parent
- **Report of Birth Abroad**
Photocopy of report of birth abroad of a citizen of the United States (issued by the State Department with appropriate signature and/or stamp/seal showing on photocopy) that identifies the employee or spouse parent/child relationship
- **Court Ordered Health Coverage**
Photocopy of Qualified Medical Child Support Order (QMCSO)
- **Court Ordered Health Coverage**
Photocopy of National Medical Support Notice (NMSN)
- **Court Ordered Health Coverage**
Photocopy of court document with appropriate signature ordering child health coverage
- **Certified Divorce Decree**
Photocopy of certified Divorce Decree with appropriate signature and/or stamp/seal showing on photocopy that documents required child health coverage
- **Certified Legal Guardianship**
Photocopy of certified court ordered legal guardianship document with appropriate signature and/or stamp/seal showing on photocopy that documents required child health coverage
- **Immigration Paperwork**
Photocopy of immigration papers with appropriate signature and/or stamp/seal showing on the photocopy that identifies the parent/child relationship with the employee or spouse

Disabled Adult Child

For disabled dependent children, you must also provide one of the following:

- Photocopy of Social Security disability award letter
- Photocopy of current Social Security disability payment
- Photocopy of signed physician Health Care Statement for Disabled Dependents certifying that the dependent is incapable of self-sustaining employment and dependent upon the employee, spouse, or domestic partner due to a mental and/or physical disability. To request a blank Health Care Statement for Disabled Dependents, contact CoreSource at 1-866-434-1211 or DependentAuditsBalt@coresource.com.