

## 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, 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.

<b>Spouse</b>	
Please provide the following document to verify Proof of Relationship and Joint Ownership.	
<ul style="list-style-type: none"> <li>• <b>First Page of Employee’s or Spouse’s Federal Tax Return</b> Photocopy of the first page of the employee or spouse’s 2008 or 2009 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></li> </ul> <p><b><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></b></p>	
<b>Spouse or Domestic Partner</b>	
<b>If unable to provide a Federal Tax Return, please provide <u>one</u> document from <u>each</u> column to verify Proof of Relationship and Proof of Joint Ownership.</b>	
<b>Proof of Relationship Documents</b>	<b>Proof of Joint Ownership Documents</b>
<ul style="list-style-type: none"> <li>• <b>Certified Marriage Certificate or License</b> Photocopy of certified marriage certificate with appropriate signature and stamp/seal showing on photocopy or legally valid marriage license from appropriate state or local government.</li> <li>• <b>Immigration Paperwork</b> Photocopy of immigration papers with appropriate signature and stamp/seal showing on photocopy that identifies employee/spouse relationship.</li> <li>• <b>Notarized Affidavit of Common Law Marriage</b> In cases of state recognized common law marriage, a Notarized Affidavit of Common Law Marriage.</li> <li>• <b>Notarized Affidavit of Domestic Partnership</b> Notarized Affidavit of Domestic Partnership. [If you have already provided a copy of this document to Peralta Community College District Human Resources, please indicate this on your Dependent Coverage Summary. There is no need to submit another copy to CoreSource.]</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Home Ownership</b> 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></li> <li>• <b>Joint Rental Property</b> 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></li> <li>• <b>Home/Rental Insurance</b> 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></li> <li>• <b>Bank Statement</b> 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></li> </ul>

**Spouse or Domestic Partner – continued**

<b>Proof of Relationship Documents</b>	<b>Proof of Joint Ownership Documents</b>
<ul style="list-style-type: none"> <li>• <b>Registration of Domestic Partnership</b> Photocopy of certificate of registration as the employee’s domestic partner, if living in a city, county, state, or municipality providing for registration as domestic partner.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Credit Card Statement</b> 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> <li>• <b>Automobile Statement</b> Photocopy of automobile title or registration dated within the past 12 months listing both names as co-owners.</li> <li>• <b>Loan Statement</b> 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> <li>• <b>Miscellaneous Bills</b> 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> <li>• <b>Beneficiary Statement</b> Photocopy of designation as the primary beneficiary for life insurance or retirement benefits. <i>Note: Please mark out all financial information.</i></li> <li>• <b>Driver’s License</b> Photocopy of the employee’s and spouse’s driver’s licenses listing a common address.</li> </ul>

## **Natural Child, Adopted Child, Step Child, Child of Domestic Partner, Dependent Child by Custody, Court Order, or Guardianship**

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

- **Federal Tax Return**  
Photocopy of the first page of the employee's, spouses, or domestic partner's 2008 Federal Tax return showing the child listed as an eligible dependent. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support. Please mark out all financial information*
  
- **Court Certified Divorce Decree**  
Photocopy of certified Divorce Decree with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*
  
- **Certified Legal Guardianship**  
Photocopy of certified court ordered legal guardianship document with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*
  
- **Ordered Health Coverage**  
Photocopy of Qualified Medical Child Support Order (QMCSO). *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*
  
- **Court Ordered Health Coverage**  
Photocopy of National Medical Support Notice (NMSN). *Note: This document satisfies both Proof of Relationship and Proof of Principal Support*
  
- **Court Ordered Health Coverage**  
Photocopy of court document with appropriate signature ordering child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*

**If you are unable to provide one of the above documents, please proceed to the next page.**

**Natural Child, Adopted Child, Step Child, Child of Domestic Partner'  
Dependent Child by Custody, Court Order, or Guardianship - continued**

**If you are unable to provide one of the documents from the preceeding page, you must provide one document from each of the following columns to verify eligibility for each dependent child.**

Proof of Relationship Documents	Proof of Residency
<ul style="list-style-type: none"> <li>• <b>Certified Birth Certificate</b> Photocopy of certified birth certificate with appropriate signature and stamp/seal showing on photocopy that identifies the parent/child relationship with the employee, spouse, or domestic partner</li> <li>• <b>Hospital Verification of Birth (Less than 6 months old)</b> For children under 6 months old, photocopy of hospital verification of birth that identifies the employee, spouse, or domestic partner as the child's parent</li> <li>• <b>Certified Adoption Certificate</b> Photocopy of certified court approved adoption document with appropriate signature and stamp/seal showing on photocopy that identifies the employee, spouse, or domestic partner as the child's parent</li> <li>• <b>Adoption Agreement</b> Photocopy of placement letter/agreement from court or adoption agency that identifies the employee, spouse, or domestic partner as the child's parent</li> <li>• <b>Report of Birth Abroad</b> Photocopy of report of birth abroad of a citizen of the United States (issued by the State Department with appropriate signature and stamp/seal showing on photocopy) that identifies the employee, spouse, or domestic partner parent/child relationship</li> <li>• <b>Immigration Paperwork</b> Photocopy of immigration papers with appropriate signature and stamp/seal showing on the photocopy that identifies the parent/child relationship with the employee, spouse, or domestic partner</li> </ul>	<ul style="list-style-type: none"> <li>• <b>First Page of the Dependent Child's Federal Tax Return and First Page of the Employee's or Spouse's Federal Tax Return</b> Photocopy of the first page of the dependent child's 2008 or 2009 Federal Tax return <b>and</b> the first page of the employee's or spouse's 2008 or 2009 Federal Tax return showing a common address.</li> <li>• <b>Driver's License</b> Photocopy of the employee's <b>and</b> dependent child's driver's licenses listing a common address.</li> <li>• <b>Automobile Insurance Bill</b> Photocopy of the dependent child's automobile insurance bill showing the employee's address.</li> <li>• <b>Dependent Child's Pay Stub</b> Photocopy of the dependent child's pay stub showing the employee's address.</li> <li>• <b>School Record</b> Photocopy of school record of the dependent child showing the employee's address.</li> <li>• <b>Physician Bill / Record</b> Photocopy of physician's bill or patient record of the dependent child showing the employee's address.</li> <li>• <b>Day Care Bill or Contract</b> Photocopy of a Day Care Bill or Contract indicating the dependent child showing the employee's address.</li> </ul>

## **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](mailto:DependentAuditsBalt@coresource.com).