Peralta Community College District  
Required Documentation Matrix  
2015-2016

Submit documents via scan to benefits@peralta.edu no later than:  
- June 10, 2015 for open enrollment changes OR  
- 30 days after your qualifying event.

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, and payment amounts.**
- **Write the Employee’s Name 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.

- **First Page of Employee’s or Spouse’s Federal Tax Return**
  Photocopy of the first page of the employee or spouse’s 2013 or 2014 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. **Note: This document satisfies both Proof of Relationship and Proof of Joint Ownership. Please mark out all financial information.**

  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.

### Spouse or Domestic Partner

If unable to provide a Federal Tax Return, please provide one document from each column to verify Proof of Relationship and Proof of Joint Ownership. Visit website [www.ftb.ca.gov/individuals/faq/dompartment.shtml](http://www.ftb.ca.gov/individuals/faq/dompartment.shtml).

<table>
<thead>
<tr>
<th>Proof of Relationship Documents</th>
<th>Proof of Joint Ownership Documents</th>
</tr>
</thead>
</table>
| Certified Marriage Certificate or License  
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. | **Home Ownership**  
Photocopy of mortgage statement dated within the past 3 months showing both names as mortgage holders/tenants. **Note: Please mark out all financial information.** |
| Immigration Paperwork  
Photocopy of immigration papers with appropriate signature and stamp showing on photocopy that identifies employee/spouse relationship. | **Joint Rental Property**  
Photocopy of lease or rental agreement dated within the past 12 months showing both names as tenants. **Note: Please mark out all financial information.** |
| Notarized Affidavit of Common Law Marriage  
In cases of state recognized common law marriage, a Notarized Affidavit of Common Law Marriage. | **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. **Note: Please mark out all financial information.** |
| Notarized Affidavit of Domestic Partnership  
Notarized Affidavit of Domestic Partnership. | **Bank Statement**  
Photocopy of joint bank account statement dated within the past 3 months showing both names as account holders. **Note: Please mark out all financial information.** |
### Spouse or Domestic Partner – continued

<table>
<thead>
<tr>
<th>Proof of Relationship Documents</th>
<th>Proof of Joint Ownership Documents</th>
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<tbody>
<tr>
<td>• Registration of Domestic Partnership</td>
<td>• Credit Card Statement</td>
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<tr>
<td>Photocopy of certificate of registration as the employee’s domestic partner, if living in a city,</td>
<td>Photocopy of credit card statement dated within the past 3 months showing both</td>
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<tr>
<td>county, state, or municipality providing for registration as domestic partner.</td>
<td>names as card holders. <em>Note: Please mark out all financial information.</em></td>
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<td></td>
<td>• Automobile Statement</td>
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<td></td>
<td>Photocopy of automobile title or registration dated within the past 12 months</td>
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<td></td>
<td>listing both names as co-owners.</td>
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<td></td>
<td>• Loan Statement</td>
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<tr>
<td></td>
<td>Photocopy of a loan agreement dated within the past 12 months showing both names</td>
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<tr>
<td></td>
<td>as co-borrowers. *Note: Please mark out all financial information.</td>
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<td></td>
<td>• Miscellaneous Bills</td>
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<tr>
<td></td>
<td>Photocopy of two different types of current bills dated within the past 3 months</td>
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<tr>
<td></td>
<td>showing one of the spouse’s names on each bill and the same common mailing</td>
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<tr>
<td></td>
<td>address, e.g. telephone bill, electric bill, cable bill. *Note: Please mark out</td>
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<tr>
<td></td>
<td>all financial information.</td>
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<td>• Beneficiary Statement</td>
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<tr>
<td></td>
<td>Photocopy of designation as the primary beneficiary for life insurance or</td>
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<td></td>
<td>retirement benefits. <em>Note: Please mark out all financial information.</em></td>
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<tr>
<td></td>
<td>• Driver’s License</td>
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<tr>
<td></td>
<td>Photocopy of the employee’s and spouse’s driver’s licenses listing a common</td>
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<tr>
<td></td>
<td>address.</td>
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</tbody>
</table>
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.

- **Federal Tax Return**
  Photocopy of the first page of the employee’s, spouses, or domestic partner’s most recent 2012 or 2013 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 (QMCOSO). **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.**

Revised 05/01/2015
If you are unable to provide one of the documents from the preceding page, you must provide one document from the following to verify eligibility for each dependent child.

### Proof of Relationship Documents

- **Certified Birth Certificate**
  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

- **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, spouse, or domestic partner as the child’s parent

- **Certified Adoption Certificate**
  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

- **Adoption Agreement**
  Photocopy of placement letter/agreement from court or adoption agency that identifies the employee, spouse, or domestic partner 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 stamp/seal showing on photocopy) that identifies the employee, spouse, or domestic partner/child relationship

- **Immigration Paperwork**
  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

**Note:** your dependent child(ren) can be married, but his/her spouse and children will **NOT** qualify for dependent coverage.

An adult child who has not attained age 26’s **NOT** eligible for coverage if the child is eligible to enroll in an employer-sponsored health plan other than a group health plan of a parent.

The child(ren) must be under the age of 26 unless they have a total and permanent disability that was medically determined prior to the end of the calendar year in which the child attains age 26.

### 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 PSW Benefit Resources at 1-877-865-2623 or technicalservices@pswbenefits.com