### **HOW DO I VERIFY MY DEPENDENTS?**

**STEP 1:** Review the list of the dependents you have enrolled and match each of them to a dependent type listed in the "Eligibility Rules and Required Documentation" section.

**STEP 2:** For each dependent type you will find the eligibility requirements and a list of document options required to verify that particular dependent type.

**STEP 3:** Once you have matched your dependents to the listed dependent types, gather all the necessary documents and submit them to the Alight Dependent Verification Center by:

Online Upload: https://digital.alight.com/cityofseattle/

Secure Fax: 1-877-965-9555

Mail: Alight Dependent Verification Center, P.O. Box 299106, Lewisville, TX 75029-9106

If you have questions or need assistance, please call the Alight Dependent Verification Center at **1-866-390-7043**. Representatives are available Monday through Friday, from 5 a.m. to 8 p.m. Pacific Time. Language Line services are available if you prefer to talk with someone in a language other than English.

### DOCUMENTATION REQUIREMENTS AND THINGS TO REMEMBER

SEND COPIES ONLY! Do not send original documents.

**Federal Tax Return:** Only send the first page of your federal tax return (Form 1040) that shows your dependents. Blacken out Social Security numbers and all monetrary amounts appearing on the first page of your federal tax return (example: earnings listed on your 1040). See sample tax form on page 11.

**Proof of Financial Partnership:** Documents proving joint ownership must show both individual's names. Examples of acceptable types are: mortgage statements, credit card statements, bank statements, investment account statements, property tax statements and current, non-expired residential leasing agreements listing both parties' names as co-leasors. The joint ownership may be established prior to the current year; however, the statement provided must be issued within the last six months, or still current if a residential lease.

Blacken out Social Security numbers and monetary amounts appearing on any documents submitted.

**Proof of marriage:** This must be a government-issued marriage license or marriage certificate including the date of your marriage. Church-issued certificates are NOT acceptable.

**Birth certificate:** This must be government-issued birth certificate listing parent names. Hospital-issued certificates are NOT acceptable.

**VITAL RECORDS REQUEST**: If you need to request vital records (birth or marriage certificates) from a state or local public records office, please order your documentation early in the verification process to ensure timely receipt. Some state and county offices can take several weeks to issue a vital record.

**PHOTOCOPYING VITAL RECORDS**: If photocopying of your vital record is prohibited, we recommend that you obtain the non-certified vital record and submit your documentation via the United States Postal Service.

**BIRTH CERTIFICATES LISTING PARENT NAMES:** Short form government-issued birth certificates that do not contain parent names are NOT acceptable. Please obtain the long form that includes the parent names (the same used to obtain a passport).

### **ELIGIBILITY RULES AND DOCUMENTATION REQUIRED**

Below is a list of eligibility rules and documents required to verify the eligibility of each dependent. In some cases, at least TWO forms of documentation are required. Please read carefully.

	Dependent Type	Age	Eligibility Requirements
L	egal Spouse	N/A	Your husband or wife under state or federal law
Do	ocument Options for Verifying Eli	igibility:	
	Government Issued Marriage Cer	tificate including date of marr	iage or Government Issued Marriage
License and Federal Tax Return Within Last 2 Years Listing Spouse			
OF	R		
OF		tificate including date of marr	iage or Government Issued Marriage
OF		•	•
OF	·Government Issued Marriage Cer cense and Proof of Financial Partr	•	•
OF Lic OF	Government Issued Marriage Cer cense and Proof of Financial Partr R	nership Issued Within Last 6 N	•
OF Lic OF	Government Issued Marriage Cer cense and Proof of Financial Partr R	nership Issued Within Last 6 N rtificate including date of marr	Months
OF Lic OF Lic	Government Issued Marriage Cer cense and Proof of Financial Partr R Government Issued Marriage Cer	nership Issued Within Last 6 N rtificate including date of marr	Months

Affidavit of Marriage and Proof of Financial Partnership Issued Within Last 6 Months

### OR

Affidavit of Marriage and Federal Tax Return Within Last 2 Years Listing Spouse

# OR

·Affidavit of Marriage Only (if relationship established within last 12 months)

Note: Please submit a copy of the Affidavit of Marriage that you have already provided to City Human Resources

	Dependent Type	Age	Eligibility Requirements
OP	Domestic Partner	Age 18 and over	Your domestic partner, documented by the City's Affidavit of Domestic Partnership, which requires that both of you: Share the same regular and permanent residence; Have a close personal relationship; Are jointly responsible for "basic living expenses" as defined by the group; Are not married to anyone; Are each 18 years of age or older; Are not be related by blood closer than would bar marriage in the State of Washington; Were mentally competent to consent contract when the domestic partnersh began;and Are each other's sole domestic partne and be responsible for each other's common welfare.
	OR Affidavit of Domestic Partnership OR Affidavit of Domestic Partnership	o and Proof of Financial Par o and Federal Tax Return W o (if relationship established	tnership Issued Within Last 6 Months  Ithin Last 2 Years Listing Domestic Partner  I within the last 12 months)  I within the last 12 months
BC	Biological/Adopted Child	Up to age 26	Must be your biological/adopted child
	date of birth)	cate (including account hold d's date of birth) acluding child's date of birth)	er's name as a parent) or Petition for Adoption (including child's Support Order, please see next page.
DBC	Disabled Biological/Adopted Adult Child	Age 26 and over	Must be your biological/adopted child Must be medically certified as disabled prior to age 26 Must be financially supported by you
	Document Options for Verifying E Government Issued Birth Certific		er's name as a parent) and Federal Tax

Adoption Certificate (including child's date of birth) and Federal Tax Return Within Last 2 Years Claiming Child

-	Dependent Type	Age	Eligibility Requirements
QM	Qualified Medical Support	Up to age 26	Qualified Medical Child Support Order
	Order		as ordered by the court

## **Document Options for Verifying Eligibility:**

·Qualified Medical Child Support Order

Note: If you do not have a copy of the court order, please contact the Alight Dependent Verification Center for assistance.

SC **Step-Child** Up to age 26 Must be your spouse's child

### **Document Options for Verifying Eligibility:**

Government Issued Birth Certificate (including spouse's name listed as a parent), Government Issued Marriage Certificate including date of marriage or Government Issued Marriage License, and Federal Tax Return Within Last 2 Years Listing Spouse

#### OF

Government Issued Birth Certificate (including spouse's name listed as a parent) and Government Issued Marriage Certificate including date of marriage or Government Issued Marriage License (if married within the last 12 months)

#### OF

·Government Issued Birth Certificate (including spouse's name listed as a parent), Affidavit of Marriage, and Proof of Financial Partnership Issued Within the Last 6 Months

### OR

Government Issued Birth Certificate (including spouse's name listed as a parent), Affidavit of Marriage, and Federal Tax Return Within Last 2 Years

#### OR

Government Issued Birth Certificate (including spouse's name listed as a parent), Government Issued Marriage Certificate including date of marriage or Government Issued Marriage License, and a Proof of Financial Partnership Issued Within Last 6 Months

### OR

·Government Issued Birth Certificate (including spouse's name listed as a parent) and Affidavit of Marriage Only (if relationship established within last 12 months)

Note: Please submit a copy of the Affidavit of Marriage that you have already provided to City Human Resources.

os	Disabled Adult Step-Child	Age 26 and over	Must be your spouse's child
			Must be medically certified as disabled
			prior to age 26
			Must be financially supported by you

### **Document Options for Verifying Eligibility:**

·Government Issued Birth Certificate (including spouse's name listed as a parent), Government Issued Marriage Certificate including date of marriage or Government Issued Marriage License, and Federal Tax Return Within Last 2 Years Listing Spouse & Claiming Child

### OR

Government Issued Birth Certificate (including spouse's name listed as a parent), Affidavit of Marriage, Proof of Financial Partnership Issued Within Last 6 Months, and Federal Tax Return Within Last 2 Years Listing Spouse & Claiming Child

### OR

Government Issued Birth Certificate (including spouse's name listed as a parent), Government Issued Marriage Certificate including date of marriage or Government Issued Marriage License, Proof of Financial Partnership Issued Within Last 6 Months, and Federal Tax Return Within Last 2 Years Claiming Child

	Dependent Type	Age	Eligibility Requirements
DPC	Domestic Partner Child	Up to age 26	Must be your domestic partner's child
	Document Options for Verifying Elig	jibility:	
	Affidavit of Domestic Partnership, 0 as a parent) and Proof of Financial Pa		rtificate (including partners name listed t 6 Months
	Note: Please submit a copy of the Affi Human Resources. <b>OR</b>	davit of Domestic Partnershi	p that you have already provided to City
	·Affidavit of Domestic Partnership, ( as a parent) and Federal Tax Return <b>OR</b>		rtificate (including partners name listed Claiming Child
			Certificate (including partners name 2 months)
DPD	Domestic Partner Disabled Adult Child	Age 26 and over	Must be your domestic partner's child Must be medically certified as disable prior to age 26 Must be financially supported by you
	Document Options for Verifying Elig	jibility:	
	The state of the s		ertificate (including partners name listed Months, and Federal Tax Return Within
	Note: Please submit a copy of the Aff Human Resources.	idavit of Domestic Partnersh	ip that you have already provided to City
LW	Legal Ward	Up to age 26	Must be your legal ward as ordered by the court
	Document Options for Verifying Elig	jibility:	
	Government Issued Birth Certificat	te and Court Ordered Docum	nent of Legal Custody
)W	Disabled Adult Legal Ward	Age 26 and over	Must be your legal ward as ordered b

ow	Disabled Adult Legal Ward	Age 26 and over	Must be your legal ward as ordered by
			the court
			Must be medically certified as disabled
			prior to age 26
			Must be financially supported by you

# **Document Options for Verifying Eligibility:**

·Government Issued Birth Certificate, Court Ordered Document of Legal Custody, and Federal Tax Return Within Last 2 Years Claiming Child

The above benefit descriptions describe the plan(s) generally, and in summary form only. In the event of a conflict between what is stated in this document and the governing plan document(s), the plan document(s) will control.