

## **Acceptable Documents to Verify Dependent Eligibility**

Check the box of the required documents for review.

PLEASE SUBMIT COPIES ONLY & BLACK OUT ALL SOCIAL SECURITY NUMBERS & FINANCIAL INFORMATION

Eligible Dependent Type	Choose one document from column "A" AND one document from column "B"	
	A	В
Legal Spouse OR Domestic Partner	☐ Government-issued Marriage Certificate ☐ Registered Certificate of Domestic Partnership issued by the State of California	□ Federal Tax Return¹ (first page and signature page²) □ State Tax Return¹ (first page and signature page²) □ IRS Transcript □ Joint Bank Statement (within 2 months) □ Joint Credit Card Statement (within 2 months) □ One utility bill listing both employee and spouse (within 2 months) □ Two separate utility bills, one listing the employee and one listing the spouse (within 2 months) □ Life Insurance Policy with spouse as Primary Beneficiary (within 6 months) □ Car Insurance Policy card (within 6 months) □ Tax Forms must be filed within the past two years, showing filing status as married filing joint or married filing separate  2 If you submitted electronically filed tax returns, you MUST submit first page of taxes and a copy of signature (transmission) page/e-file confirmation page.
Child Biological or Adopted (under the age of 26)	<ul> <li>□ Government-issued Birth Certificate</li> <li>□ Consular Report of Birth Abroad (CRBA)</li> <li>□ Court Order of Legal Custody</li> <li>□ National Medical Support Notice</li> <li>□ Government-issued Adoption</li> <li>□ Certificate/Order</li> <li>□ Legal adoption documents approved by</li> <li>INS or from foreign country</li> </ul>	*** No Additional Documents Required ***  All foreign documents must be translated by a certified translator according to the UCSIS guidelines.
<b>Stepchild</b> (under the age of 26)	☐ Child documentation	☐ Legal spouse documentation
<b>Legal Guardianship</b> (under the age of 18)	☐ Child documentation	☐ Court Order of Legal Guardianship
<b>Disabled Child</b> (over the age of 26)	☐ Child documentation	<ul> <li>☐ Medical Certification from health care provider (within 6 months)</li> <li>☐ Notice of disability determination from the Social Security Administration</li> </ul>