Dependent Documentation Cover Sheet

If you elect family medical/dental/vision coverage and/or dependent life insurance*, you must complete and submit this form and all required supporting dependent documentation within 30 days of your qualifying event date.

Employee Name: ____________________________________________

Harvard ID: ___________________________ Telephone Number: ___________________________

Required Supporting Dependent Documentation

Please see other side for additional information about acceptable forms of dependent documentation. A certified translation is required if original documents are not in English.

If enrolling a spouse:

☐ Valid marriage certificate

If enrolling eligible Children (submit one of the following for each child):

☐ Birth certificate

☐ Hospital-issued statement of birth

☐ Adoption paperwork

If enrolling a Domestic Partner (DP):

☐ Municipal registration of Domestic Partnership

AND

☐ Harvard Statement of Domestic Partnership**

☐ Attestation of Qualified Dependent(s)**

(Only if enrolling DP or DP and their children who meet the definition of a qualified dependent under IRS Code Section 152. See IRS Publication 501 for more information.)

Submit this form and supporting documentation **within 30 days** of your event date to (use the enclosed postage-paid envelope if mailing):

Harvard Benefits
114 Mt. Auburn Street, 4th Floor
Cambridge, MA 02138
Fax: 617-496-3000
Email: benefits@harvard.edu

Note: If documentation is not received by the deadline, your dependent(s)’s coverage will be terminated retroactive to the event date.

*Refer to the included PeopleSoft enrollment instructions to complete your online enrollment. You must add your dependent(s)’s information (and enroll them in coverage) to PeopleSoft.

**The Harvard Statement of Domestic Partnership and Attestation of Qualified Dependents are available on HARVie (https://hr.harvard.edu/forms-documents) under Domestic Partners.
### Supporting Dependent* Documentation

<table>
<thead>
<tr>
<th>Dependent Relationship</th>
<th>Acceptable Document</th>
<th>Document Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Marriage Certificate</td>
<td>City/Town Clerk</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Copy of municipal registration of Domestic Partnership AND Harvard’s Statement of Domestic Partnership AND Harvard’s Attestation of Qualified Dependent(s), if applicable</td>
<td>City/Town Clerk hr.harvard.edu</td>
</tr>
<tr>
<td>Biological child</td>
<td>Birth Certificate</td>
<td>City/Town Clerk</td>
</tr>
<tr>
<td></td>
<td>Statement of Birth</td>
<td>Hospital Records Department</td>
</tr>
<tr>
<td>Child for whom you are legal guardian</td>
<td>Court order establishing legal guardianship</td>
<td>County Clerk or Recorder</td>
</tr>
<tr>
<td>Child of Domestic Partner</td>
<td>Birth Certificate or Statement of Birth AND Harvard’s Attestation of Qualified Dependent(s) if applicable</td>
<td>City/Town Clerk Hospital Records Department hr.harvard.edu</td>
</tr>
<tr>
<td>Adopted Child</td>
<td>Placement paperwork from court</td>
<td>County Clerk or Recorder</td>
</tr>
<tr>
<td>Foster Child</td>
<td>Court order establishing legal guardianship</td>
<td>County Clerk or Recorder</td>
</tr>
<tr>
<td>Disabled Adult Child</td>
<td>In addition to one of the documents above, you will need to complete other forms with your health plan.</td>
<td>Contact Benefits for specific provider form(s)</td>
</tr>
</tbody>
</table>

*Dependent children are eligible for coverage up to age 26 unless they are disabled. Disabled dependent children are eligible provided they were deemed disabled before age 26 and have been continuously covered under a medical plan.