



## 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](mailto: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

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

\*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.