Dependent Documentation Cover Sheet

Employee Name: _____________________________________________________________

Harvard ID: __________________ Telephone Number: ____________________________

If you’d like to add your dependent(s) to your health insurance coverage, you must:

1. **Log on to PeopleSoft Self Service and add your dependent(s) to your medical, dental, and/or vision coverage** (or complete the enclosed enrollment forms, if applicable). Need help making your benefits elections online? Refer to the PeopleSoft instructions in your enrollment packet.

2. **Submit this form along with the necessary dependent supporting documentation within 30 days of your event date** (e.g., your hire, marriage, birth, or adoption date).

Depending upon your relationship, you must submit the following dependent documentation:

**Spouse:**

☐ Copy of valid marriage certificate (*must include certified translation if not in English*)

**Dependent Children** (include one of the following for each child you enroll):

☐ Copy of birth certificate (*must include certified translation if not in English*)

☐ Copy of hospital statement of birth

☐ Copy of adoption paperwork (*must include certified translation if not in English*)

**Domestic Partner:**

☐ Copy of a municipal registration of domestic partnership

AND

☐ A completed Harvard Statement of Domestic Partnership*

☐ Attestation of Qualified Dependent(s)* (if enrolling a domestic partner or a domestic partner AND child(ren), where any such individuals meet the definition of a “qualifying child” or “qualifying relative” under Internal Revenue Code Section 152 – See IRS Publication 501 for a definition of these terms)

**Important:** Dependent documentation must be received by Harvard Benefits within 30 days of the event date. If we do not receive documentation, dependent coverage will be terminated retroactive to the event date. For a detailed list of supporting documentation, please refer to the chart on the following page.

Please mail using enclosed postage-paid envelope or fax your documentation, along with this form, to:

Harvard Benefits
114 Mt. Auburn Street, 4th floor
Cambridge, MA 02138
Fax: 617-496-3000

* Please call Harvard Benefits at 617-496-4001 or email us at benefits@harvard.edu for the Attestation of Qualified Dependents and/or Harvard Statement of Domestic Partnership or download them from the “Documents & Contracts” section on hr.harvard.edu.

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<table>
<thead>
<tr>
<th>Dependent’s Relationship to You</th>
<th>Preferred 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 (Domestic Partner) 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>Natural Child(ren) under age 26</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(ren) under age 26 for whom you are legal guardian</td>
<td>Court order establishing legal guardianship</td>
<td>County Clerk or Recorder</td>
</tr>
<tr>
<td>Child(ren) under age 26 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 hr.harvard.edu</td>
</tr>
<tr>
<td>Adopted Child(ren) under age 26</td>
<td>Placement paperwork from court</td>
<td>County Clerk or Recorder</td>
</tr>
<tr>
<td>Foster Children</td>
<td>Court order establishing legal guardianship</td>
<td>County Clerk or Recorder</td>
</tr>
<tr>
<td>Disabled Adult Child (age 26 or older) - must have become disabled before age 26 and have been continuously covered</td>
<td>Health providers require their specific forms be completed</td>
<td>Contact Benefits for specific provider form(s)</td>
</tr>
</tbody>
</table>

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