

Dependent Supporting Documentation

If you enroll eligible dependents in your Harvard-sponsored health coverage and/or elect dependent life insurance,* you must complete and submit this form **within 30 days of the qualifying event date** along with supporting documentation (described below) showing your dependents' relationship to you.

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

Employee Name:

HUID:

Telephone Number:

If enrolling a spouse

- Copy of valid marriage certificate

If enrolling eligible children

- Birth certificate
- Hospital-issued birth statement
- Adoption/placement/legal guardianship paperwork

If enrolling a domestic partner

- Harvard Statement of Domestic Partnership[†] AND if qualifying event is the registration, a copy of the municipal certificate of registration of the partnership
- Attestation of qualified dependents,[†] if applicable

Submit this form and supporting documentation by email to benefits@harvard.edu, by fax to 617-496-3000, or by mail to:

Harvard Benefits
124 Mount Auburn Street, 4th Floor
Cambridge, MA 02138

* Refer to the [PeopleSoft enrollment instructions](#) (also included in enrollment packets) to complete your online enrollment. You must add your dependents' information AND enroll them in coverage via PeopleSoft.

[†] The Harvard Statement of Domestic Partnership and Attestation of Qualified Dependents are available on HARVie.



Dependent Relationship	Acceptable Document/Resource
Spouse	<ul style="list-style-type: none"> • Copy of marriage certificate/City or town clerk • J-2 visa/Issuing agency
Domestic partner	<ul style="list-style-type: none"> • Harvard's Statement of Domestic Partnership/HARVie • And copy of municipal certificate of registration if event is the registration/City or town clerk • AND, if applicable, Harvard's Attestation of Qualified Dependents/HARVie
Biological child	<ul style="list-style-type: none"> • Copy of birth certificate/City or town clerk • Statement of birth/Hospital records department • J-2 visa/Issuing agency
Child for whom you are legal guardian	<ul style="list-style-type: none"> • Court order establishing legal guardianship/County clerk or recorder
Child of domestic partner	<ul style="list-style-type: none"> • Copy of birth certificate/City or town clerk • Statement of birth/Hospital records department • AND Harvard's Attestation of Qualified Dependents, if applicable/HARVie
Adopted child	<ul style="list-style-type: none"> • Placement paperwork from court or agency/County clerk/recorder or adoption agency
Foster child	<ul style="list-style-type: none"> • Court order establishing legal guardianship/County clerk or recorder
Disabled adult child*	<ul style="list-style-type: none"> • In addition to one of the documents above, you will need to complete forms with your health plan/Contact Harvard Benefits for assistance

* 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, dental, and vision plan prior to attaining age 26.