



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 supporting documentation showing your dependent's relationship to you within 30 days of the 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:

- Copy of valid marriage certificate

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

- Birth certificate
- Hospital-issued statement of birth
- Adoption/placement paperwork

If enrolling a Domestic Partner:

- Harvard Statement of Domestic Partnership (DP)[†] AND if qualifying event is registration of domestic partnership, copy of municipal certificate of Registration of Domestic Partnership
- Attestation of Qualified Dependents,[†] if applicable
(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
124 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 dependents' coverage will be terminated retroactive to the event date.

*Refer to the [PeopleSoft enrollment instructions](#) (included in the enrollment packet) to complete your online enrollment. You must add your dependents' information (and enroll them in coverage) on PeopleSoft.

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

Supporting Dependent* Documentation

Dependent Relationship	Acceptable Document	Document Resources
Spouse	Marriage Certificate	City/Town Clerk
Domestic Partner	Harvard's Statement of Domestic Partnership AND if qualifying event is registration of domestic partnership	hr.harvard.edu
	Copy of municipal registration of Domestic Partnership AND if applicable, Harvard's Attestation of Qualified Dependents	City/Town Clerk hr.harvard.edu
Biological child	Birth Certificate	City/Town Clerk
	Statement of Birth	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 Dependents, 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, dental, and/or vision plan.