



SUPPORTING DEPENDENT* DOCUMENTATION LIST

Dependent Relationship	Acceptable Document	Document Resources
Spouse	Marriage Certificate	City/Town Clerk
Domestic Partner	Harvard's Statement of Domestic Partnership (DP) (if qualifying life event is registration of DP, also a copy of municipal registration of DP) AND Harvard's Attestation of Qualified Dependents, if applicable	HARVie and City/Town Clerk
Biological Child	Birth Certificate or Statement of Birth	City/Town Hall or Hospital Records Department
Child for whom you are legal guardian	Court order establishing guardianship	County Clerk/Recorder
Child of Domestic Partner	Birth Certificate or statement of Birth AND Harvard's Attestation of Qualified Dependents, if applicable	City/Town Clerk or Hospital Records Department and Harvard Benefits
Adopted Child	Placement/Adoption paperwork from court or placement agency	County Clerk/Recorder or Adoption Agency
Foster Child	Court order establishing guardianship	County Clerk/Recorder
Disabled Adult Child	In addition to one of the child documents above, you will need to complete forms with the health plan	Contact Benefits for specific provider forms

*Dependent children are eligible for coverage until the last day of the month in which they turn 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.