**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 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:**

□ Valid marriage certificate

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

□ Birth certificate

□ Hospital-issued statement of birth

□ Adoption/placement paperwork

**If enrolling a Domestic Partner (DP):**

□ Harvard Statement of Domestic Partnership** 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
114 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 included PeopleSoft enrollment instructions to complete your online enrollment. You must add your dependents’ information (and enroll them in coverage) to PeopleSoft.

**The Harvard Statement of Domestic Partnership and Attestation of Qualified Dependents are available on HARVie.
**Supporting Dependent* Documentation**

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<tr>
<th>Dependent Relationship</th>
<th>Acceptable Document</th>
<th>Document Resources</th>
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<tr>
<td>Spouse</td>
<td>Marriage Certificate</td>
<td>City/Town Clerk</td>
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</table>
| **Domestic Partner**               | Harvard’s Statement of Domestic Partnership AND, if qualifying event is registration of domestic partnership  
Copy of municipal registration of Domestic Partnership AND  
Harvard’s Attestation of Qualified Dependents, if applicable | 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 AND  
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 plan.*