

## DEPENDENT VERIFICATION WORKSHEET – CHILD

Dear INTEGRIS Health Caregiver,

As a part of our ongoing efforts to offer high quality health care and control health care costs for you and your family, INTEGRIS Health requires that all caregivers provide verification of dependent eligibility status before any dependents (spouse and/or children) are considered to be eligible for coverage. Required documentation is outlined on the Spouse and Dependent Child Worksheets that you will print from the INTEGRIS Health benefits enrollment website. If you elect any form of dependent coverage for any of the benefit plans, you will be required to submit the required documents on or before your benefits enrollment deadline.

Please review the Frequently Asked Questions below for further information:

### Who qualifies as an eligible dependent?

- Your legal spouse as defined by Oklahoma law (in the event of a decree of divorce, annulment or legal separation, your spouse will no longer qualify as an eligible dependent);
- Children
  - **For medical, dental and vision coverage**, your child up to their 26th birthday. Includes natural children, stepchildren, legally adopted children, children placed in your home while waiting for finalization of adoption, foster children and children for whom you or your spouse have been awarded legal guardianship, Qualified Medical Child Support Order (QMCSO). Coverage may be continued to any age if the dependent child is mentally or physically disabled and was a covered dependent before age 26.

### What documentation do I need to provide?

The Dependent Child and Spouse Verification Worksheets describe the types of proof of eligibility that must be submitted by you to verify your dependent’s eligibility for INTEGRIS Health benefits coverage. Some proof of eligibility examples include copies of birth certificates, marriage certificate, tax return, proof of joint ownership, etc. **Include only page one of your tax return showing dependent information. Please black out all financial information and the first five digits of all Social Security numbers.** The rule of thumb is that we only need to see the information necessary to prove the dependent’s relationship to the caregiver. As it pertains to financial information, **“When in doubt, black it out!”**

**What will happen if I don’t provide the dependent documentation required for the Dependent Eligibility process?** If you do not respond and submit your documentation by your enrollment deadline, your dependent(s)’ benefits coverage (medical, dental, vision, dependent life and dependent PAI) under the INTEGRIS Health benefit plans will automatically be cancelled.

### How will my personal information be used?

Your personal information will only be used to verify the eligibility of your dependents. INTEGRIS Health will treat all information it receives in connection with this dependent verification process as private and confidential.

### Who should I contact if I have additional questions about the Dependent Eligibility process?

Contact INTEGRIS Health Human Resources Customer Service at 405-949-4045, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. for additional assistance.

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Caregiver Name: \_\_\_\_\_  
 Daytime Contact Information: \_\_\_\_\_  
 Work Email: \_\_\_\_\_

Caregiver ID# \_\_\_\_\_  
 Work Number: \_\_\_\_\_

(Requests for additional information, if needed, will be sent to you work email)

The sections below describe the type of documentation that **MUST** be submitted to verify your child(ren)'s eligibility. Eligible children\* include natural children; stepchildren; legally adopted children; children placed in your home while waiting for finalization of adoption; foster children and children for whom you or your spouse have been awarded legal guardianship.

Follow the instructions below and fill out **ALL** sections that apply to your child(ren). For each section, check the corresponding box located beneath each child listed.

- List Child(ren)'s information in **Part 1**.
- If your child(ren) is under the age of 26, complete **Part 2**.
- If your child(ren) is totally disabled and under the age of 26, complete **Part 2 and Part 3**.
- Sign and date in **Certification** box.

## Part 1 – List information for each child (use additional form is more than eight children) (Print Clearly)

Child #	Child Name	Gender	Social Security Number	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				

## Part 2 – Required for each child – please do not submit this document without providing verification

Proof of Parenthood (Please select only <b>ONE</b> per Dependent)	Child #1	Child #2	Child #3	Child #4	Child #5	Child #6	Child #7	Child #8
Copy of birth certificate or birth record (hospital birth announcement) showing caregiver or eligible spouse** as parent								
Copy of final adoption order or placement order approved by the court**								
Copy of court documents showing caregiver or eligible spouse** as legal guardian (with signature or seal) OR divorce provisions for child(ren)								
Copy of caregiver's most recent Federal Tax Return *** ( <b>see note below</b> ) which shows the child(ren) as your dependent(s)								

\*\*If your spouse is the child's parent, the Spouse Verification Worksheet must be completed to verify their eligibility.

\*\*\*Acceptable tax documentation samples: Federal Tax (1040 form or other form). Please include only page one of your tax return which shows your dependent information. **"Black out"** all financial information and the first five digits of all Social Security numbers.

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**Part 3 – Complete for each totally disabled child**

<b>Proof of Total Disability</b>	<b>Child #1</b>	<b>Child #2</b>	<b>Child #3</b>	<b>Child #4</b>	<b>Child #5</b>	<b>Child #6</b>	<b>Child #7</b>	<b>Child #8</b>
Affidavit of Total Disability (form available online or contact HR Customer Service at 405-949-4045)								

**CERTIFICATION:** I certify the information I have provided is true and correct, and that I am responsible to update the information I have provided in the event it changes. I understand the documentation will be reviewed and a determination will be made regarding my dependent’s eligibility for coverage. I acknowledge that falsifying this information or failing to update this information will lead to cancellation of my dependent’s coverage. Submission of this worksheet and documentation does not necessarily guarantee eligibility for benefits.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE:** Your deadline is 30 days from your hire date, or, if change is due to a change in Family or Job status, deadline is 30 days from the qualifying event. If change is due to open enrollment, deadline is last day of open enrollment. Failure to submit the required documentation by the deadline will result in your dependents being removed from all INTEGRIS Health benefit plans.

Please complete Parts 1, 2, and 3 as applicable and attach copies of supporting documentation to the back of this worksheet, or electronically, and mail to INTEGRIS Health Human Resources at the address below. *Please keep a copy of this worksheet for your records.*

INTEGRIS Health Human  
Resources  
3520 NW 58th St Suite A-100  
Oklahoma City, Oklahoma 73112  
Scan and Email: [BenefitForms@integrisk.com](mailto:BenefitForms@integrisk.com)  
Fax 405-979-8343

\*For medical, dental and vision coverage children are eligible up to age 26 regardless of full-time student status, residency, financial support or marital status.

**(Form must be returned by the appropriate deadline. New hire – enrollment deadline, Life Event – 30 days from date of life event, Open Enrollment – last day of open enrollment)**