

## DEPENDENT VERIFICATION WORKSHEET – SPOUSE

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. 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 employee. 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 AD&D) 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: \_\_\_\_\_ Caregiver ID# \_\_\_\_\_  
 Daytime Contact Information: \_\_\_\_\_ Work Email: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Spouse's Date of Birth: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

(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 spouse's eligibility for coverage under INTEGRIS Health benefits plans. Once you determine which type of documentation you will submit to verify eligibility, please complete Part 1 and Part 3 for legally married or Part 2 and Part 3 for common law spouse. Check the corresponding box located by the option selected.

If a copy of the documentation cannot be provided, please check "None of the above applies." **If you cannot provide documentation, this dependent is not eligible for coverage.**

### Part 1 – Please select ONE option only

Proof of Marital Status		CHECK THE BOX(ES) THAT APPLY
Option 1	Copy of caregiver's most recent Federal Tax Return*	<input type="checkbox"/>
Option 2	Copy of Marriage Certificate <b>AND</b> one of the following: Copy of Proof of Joint Ownership (must be dated after January 1 <sup>st</sup> of current year and include both the caregivers and spouse's name). For example, mortgage statement, bank statement, or property tax statement.	<input type="checkbox"/>
Option 3	If married this year, copy of Marriage Certificate	<input type="checkbox"/>
Option 4	None of the above applies ( <b>this dependent is not eligible for coverage.</b> )	<input type="checkbox"/>

### Part 2 – Please select ONE option only

Proof of Common Law Status		CHECK THE BOX(ES) THAT APPLY
Option 1	Copy of employee's most recent Federal Tax Return*	<input type="checkbox"/>
Option 2 (ONLY APPLIES IF YOUR COMMON LAW MARRIAGE WAS EFFECTIVE AFTER DEC. 31, LAST YEAR)	Copy of Common Law Marriage Affidavit (form available on HR <i>anytime</i> or contact HR Customer Service 405.949.4045) <b>AND two</b> of the following: Copy of Proof of Joint Ownership (must be dated after January 1 <sup>st</sup> of the current year and include both the employee's and spouse's name). For example: mortgage statement, bank statement, or property tax statement.	<input type="checkbox"/>
Option 3	None of the above applies ( <b>this dependent is not eligible for coverage.</b> )	<input type="checkbox"/>

**Part 3 – REQUIRED: Select the statement that applies:**

Verification of Current Status		CHECK THE BOX(ES) THAT APPLY
Statement 1	I am currently legally married to: _____	<input type="checkbox"/>
	I am currently in a common law marriage to: _____	<input type="checkbox"/>
Statement 2	I was legally separated or divorced on the date provided below and have attached legal Documentation for my separation or divorce:  Date of legal separation or divorce: _____	<input type="checkbox"/>

**\*NOTE: Acceptable tax documentation samples: Federal Tax (1040 Form pre-file confirmation page). Please include only page one of your tax return which shows your dependent information. Please “Black out” all financial information.**

**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)**