

OEBB Dependent Eligibility Verification Program

Documentation Requirements

Eligible Dependent Definition*	Required Documentation for Proof of Eligibility
<p>Legal Spouse</p> <p>A person who is married under the laws of the State of Oregon or under the laws of any other state or country. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.</p>	<ul style="list-style-type: none"> • Marriage Certificate: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the spouse ○ Date of marriage ○ Certifier’s signature and official seal ○ State or County of issuance <p><u>AND</u></p> <ul style="list-style-type: none"> • U.S. 1040 Tax return Indicating Married (first page only): Must contain: <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ From tax years 2014 or 2015 ○ Name of the member ○ Name of the spouse ○ Married filing jointly, or married filing separately ○ If married filing separately, spouse’s name must appear on form; <p><i>NOTE: To maintain confidentiality, please black out SSN and financial information</i></p> <p>If legally separated:</p> <ul style="list-style-type: none"> • Separation Agreement: Must contain <ul style="list-style-type: none"> ○ Name of the member ○ Name of the spouse ○ Date of separation ○ Must be dated and signed by Court <p><u>AND</u></p> <ul style="list-style-type: none"> • U.S. 1040 Tax return (first page only): Must contain: <ul style="list-style-type: none"> ○ Tax authority (Federal) ○ From tax years 2014 or 2015 ○ Name of the member ○ Filing status single

Domestic Partner by Certificate

An unmarried individual of the same sex who has entered into a "Declaration of Domestic Partnership" with the eligible member that is recognized under Oregon law.

- **State-Issued Certificate of Registered Domestic Partnership:** Must contain
 - Name of the member
 - Name of the domestic partner
 - Certificate date
 - Certifier's signature and official seal

AND

- **Oregon Income Tax Return Indicating Registered Domestic Partners**
 - Tax authority (State)
 - From tax year 2014 or 2015
 - Name of the member
 - Name of the registered domestic partner
 - Filing jointly or separately

OR

- **U.S. 1040 "As If" Tax Return Indicating Married (first page only):**
 - Tax authority (Federal)
 - From tax years 2014 or 2015
 - Name of the member
 - Name of the spouse
 - Married filing jointly, or married filing separately;

NOTE: To maintain confidentiality, please black out SSN and financial information

If legally separated:

- **Separation Agreement:** Must contain
 - Name of the member
 - Name of the registered domestic partner
 - Date of separation
 - Must be dated and signed by Court

AND

- **Oregon Income Tax Return**
 - Tax authority (State)
 - From tax year 2014 or 2015
 - Name of the member
 - Filing status single

NOTE: To maintain confidentiality, please black out SSN and financial information

Domestic Partner by Affidavit

Unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following:

An unmarried individual of the same or opposite sex who has entered into a partnership that includes the following:

- Both are at least 18 years of age;
- Are responsible for each other's welfare and are each other's sole domestic partners;
- Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce.
- Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;
- Have jointly shared the same regular and permanent residence for at least six months immediately preceding the date the Affidavit of Domestic Partnership is signed and submitted to the Educational Entity; and
- Are jointly financially responsible for basic living expenses designed as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.

The following:

- **OEBB Affidavit of Domestic Partnership:** Must contain
 - Name of the member
 - Name of the domestic partner
 - Date
 - Signature of both partners

AND

One of the following (these documents must be dated within 6 months prior to the date of review):

- **Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease:** Must contain
 - Name of the member
 - Name of the domestic partner
 - Name of the mortgage company/landlord/rental company
 - Statement date from 6 months prior to the date of review; **OR**
- **Joint Bank Account or Joint Liabilities (credit cards, car lease):** Must contain
 - Name of the member
 - Name of the domestic partner
 - Name of the bank or lending company
 - Statement date from 6 months prior to the date of review

*NOTE: To maintain confidentiality, please black out SSN and financial information; **OR***

- **Auto Insurance or Utility Bill (electric, gas, phone, internet, cable, garbage, water):** Must contain:
 - Name of the member
 - Name of the domestic partner
 - Name of the insurance or utility company
 - Bill date must be from 6 months prior to the date of review;

*NOTE: Employee may also submit one document displaying both names, or may submit two documents, one in each name showing the same address and dated within 6 months prior to review; **OR***

- **Current State Issued Driver's License or State Issued ID:** Must submit
 - Driver's license or State ID for member,**AND**
 - Driver's license or State ID for domestic partner

NOTE: Both forms of ID must show same address and must be issued on or before the start of the review.

Child of the Member, Spouse, or Domestic Partner

Includes any of the following age 25 and under:

- A biological child
- A legally adopted child or a child legally placed for adoption
- A legally placed child
- A step-child

Grandchildren are only eligible when the eligible employee is the legal guardian or adoptive parent of the grandchild.

NOTE: For step-children, children of the domestic partner, or children legally adopted by the member's spouse or domestic partner, the member must also submit, as appropriate, a marriage certificate or other document such as a Certificate of Registered Partnership or OEBA Affidavit of Domestic Partnership to prove the member's relationship to the parent of the child.

A Biological Child or Step Children

- **Government Issued Birth Certificate or Naturalization Certificate/Report of Birth Abroad:** Must contain

- Name of the member, spouse, or domestic partner
- Name of the child
- Date of birth;

NOTE: A marriage Certificate will also be required if the biological parent of the Step Child is not being covered on benefits, the dependent child is married. Additional documentation may be required if the parent's last name does not match the last name listed on the birth certificate.

A legally adopted child or a child legally placed for adoption

- **Government Issued Birth Certificate or Naturalization Certificate/Report of Birth Abroad:** Must contain

- Name of the member, spouse, or domestic partner
- Name of the child
- Date of birth; **OR**

- **Adoption Paperwork:** Must contain
 - Name of the member, spouse, or domestic partner
 - Name of the child
 - Court ordered and signed legal adoption documentation;

Legal Guardianship

- **Court Ordered and Signed Legal Guardianship:** Must contain
 - Name of the member, spouse, or domestic partner
 - Name of the child

<p>Disabled Dependent Child</p> <p>Includes of the following age 26 or older:</p> <ul style="list-style-type: none"> • A biological child • A legally adopted child or a child legally placed for adoption • A legally placed child • A step-child <p>The person must be incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and all the following requirements must be met:</p> <ul style="list-style-type: none"> • The disability must have existed before attaining age 26. • The person must have had group or individual health plan coverage prior to attaining age 26. • Health plan coverage must have continued without a gap until the OEGB health plan coverage date. • The person's attending physician must submit documentation to the employee's OEGB health insurance plan of the disability for review. The health plan may review the person's health status at any time to determine continued OEGB coverage eligibility. • The person must not have terminated from OEGB health plan coverage after attaining the age of 26. 	<p>Same documentation requirements as child of member, spouse, or domestic partner</p> <p><u>PLUS</u></p> <ul style="list-style-type: none"> • Letter From OEGB Medical Insurance Plan Carrier: Must contain <ul style="list-style-type: none"> ○ Name of the member, spouse, domestic partner, or legal guardian ○ Name of the child ○ Statement that medical evidence has been reviewed and the child meets the disability requirements for coverage on OEGB plans ○ Date and text indicating the approval is currently in effect <p><i>NOTE: DO NOT submit medical evidence.</i></p>
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*Definitions of eligible dependents are subject to change with OEGB rule changes. Changes in the definition of eligible dependents may change the required documentation for proof of eligibility.