



Dependent Eligibility Verification Notice

Welcome to Open Enrollment! As part of your comprehensive benefits package, you are able to enroll your eligible dependents under our medical/dental and or vision coverage. Contact EBMS to see who is enrolled on your coverage. Log on to miBenefits or call 1-800-777-3575.

Per our plan guidelines, below is a listing of dependents currently eligible for coverage and the type of documentation that can be requested at any time to prove eligibility. In January 2017 you will be required to provide documentation to prove eligibility of everyone enrolled on your coverage. It's best to get a head start and locate these documents sooner rather than later.

Spouse/Partner Relationship	Standard Documentation that could be requested by the Plan Administrator
Legal Spouse (Opposite or Same Sex)	Photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been <u>properly recorded with the County and/or State</u> . A church ceremony document will not be acceptable if it does not meet these requirements.
Domestic Partner (Registered Domestic Partnership - Same Sex)	Domestic Partner Affidavit, Registered Domestic Partnership with the State of Oregon
Child Relationship	Standard Documentation that could be requested by the Plan Administrator
Biological/Adopted Child/Stepchild (Up to Age 26)	Photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse or partner as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action, and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may send a paternity test.
Child Placed for Adoption	Photocopy of an acceptable birth certificate or Adoption Agency placement document.
Legal Guardianship	Court Document which shows permanent Legal Guardianship was assigned to the employee or spouse/partner
Acceptable Court Documents	Divorce Decree, Child Support Order, Paternity Test, QMSCO

In an effort to maintain accurate eligibility records, we are asking everyone during this open enrollment period to check the dependents you currently have covered on your plan and update them for accuracy. Please delete any ineligible dependents ASAP.

Next year, as part of our commitment to control health care costs, we will be contracting with an independent auditing firm to perform the Dependent Eligibility Verification process for Deschutes County. In an effort to truly identify all eligible dependents, they will be requesting the above documentation from you. Please note, this firm is contractually and legally obligated to ensure that any documentation you provide remains confidential and private.