

## Cape Cod Municipal Health Group (CCMHG)

### REQUIRED ELIGIBILITY VERIFICATION DOCUMENTS for DEPENDENTS

**All Required Documents MUST include date and/or year, employee name, and dependent's name.**

#### **FOR OPPOSITE SEX SPOUSE:**

A copy of your government issued marriage certificate (church or Justice of the Peace copies are not sufficient), **AND**

A copy of the front page of your most recent Federal Tax Return (1040 or 1040A) confirming this dependent is your spouse. Submit only the top portion which includes the names of the employee, spouse and any dependent children as required. Please black out Social Security numbers, as well as any income information.

#### **FOR SAME SEX SPOUSE:**

A copy of your government issued marriage certificate (church or Justice of the Peace copies are not sufficient), **AND**

A copy of the front page of your most recent state tax return confirming this dependent is your spouse. Submit only the top portion which includes the names of the employee, spouse and any dependent children as required. Please black out Social Security numbers, as well as any income information.

#### **FOR FORMER SPOUSE:**

A copy of your divorce decree (Note: only the first page, last page and any pages detailing continuation of health care coverage for your former spouse are required for verification)

#### **FOR CHILDREN/DISABLED DEPENDENTS:**

A copy of the child's government issued birth certificate (hospital copy is not sufficient), the long form listing parents' names, **OR** appropriate court order / adoption decree naming you or your spouse as the child's legal guardian. Note for a step-child: If you are covering a stepchild and your spouse is not a covered dependent, you must also provide documentation of your current relationship to your spouse as requested above.