

Novato Unified School District Eligibility Guidelines needed to Enroll Dependents

Please review carefully to determine your dependent(s) eligibility and the appropriate documents that you will be required to bring with you prior to enrolling them in Health, Vision & Dental Benefits.

**NOTE: Benefit Coordinator will only be viewing line 1-6d of the tax return and Social Security numbers to complete your Dependent Verification Audit. Feel free to black out any financial information below the "Exemptions" section that you do not wish to share. We do need to verify Social Security numbers.*

All copies of documents used for verification will be shredded.

Please check the documents you are including and attach them to this form.

- Spouse:** 1st page of current **Federal Tax Return** (Form 1040)* or (If you were married within the last six months) a **marriage certificate** with state embossed seal or certified copy of the original marriage certificate will be accepted and your **spouse's Social Security card**.
- Domestic Partner: Declaration of Domestic Partnership** conforming to the requirements of Marin County Ordinance No. 3140 and your **domestic partners Social Security card**.
- Birth Child:** 1st page of current **Federal Tax Return** (Form 1040)* or copy of **birth certificate** for children not appearing on tax return and your **child's Social Security card**.
- Step Children:** 1st page of current **Federal Tax Return** (Form 1040)* and **Birth certificate** of stepchild listing employee's current spouse as the parent of the stepchild(ren) and your **stepchild's Social Security card**.
- Adopted, Foster Children, Legal Guardianship or Grandchildren:** 1st page of current **Federal Tax Return** (Form 1040)*, **Birth Certificate** and court document showing legal responsibility for the child(ren) and your **dependent's Social Security card**.
- Over age children 19 to 26:** Copy of **birth certificate** with state embossed seal and your **child's Social Security card**.

Dependent children are covered up to age 25 on Dental coverage and up to age 26 for health & vision.

- Handicap or disabled dependent 19 or older:** 1st page of current **Federal Tax Return** (Form 1040)* and **physicians statement attesting to the disability** of the dependent and your **dependent's Social Security card**.

For Office Use Only			
IRS 1040:	Marriage Cert:	Dom. Part:	Birth Cert:
Adoption Cert:	Dr. Statement (disability):	Other	
Social Security # checked for all dependents.			