



# Hourly Dependent Enrollment Document Request Form

PLEASE PRINT IN CAPITAL LETTERS, USING BLACK INK, OR TYPE ALL INFORMATION.

## ABOUT YOU

Social Security Number: --

Participant's Name (First, MI, Last): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone Number: --

## DOCUMENTATION REQUIREMENTS

**YOU MUST RETURN THIS FORM WITH THE REQUIRED DOCUMENTATION.** Failure to return this form and required documentation will result in a delay in coverage. Note: Your dependents (except spouse or newborn child) will not be added until the required documentation is received. This list is intended as a general guide only; additional documentation may be required. Please refer to the documentation requirements below for the type of dependent(s) you are adding.

- Check the boxes next to each document you are returning with this form.
- Send only **copies** of the documents unless otherwise specified.

Dependent	Documentation Requirements
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse's Social Security card <input type="checkbox"/> Marriage certificate (not license) <input type="checkbox"/> Dependent Consent Form (if Dependent Life Insurance was elected)
<input type="checkbox"/> Common-Law Spouse <b>Valid only in certain states</b>	<input type="checkbox"/> Spouse's Social Security card <input type="checkbox"/> Signed and notarized Statement of Common Law (send original, not copy) <input type="checkbox"/> Current proof of residency showing the parties reside together <input type="checkbox"/> One piece of joint documentation (joint bank account statement, rental agreement or house deed, joint ownership of an automobile, federal income tax form listing both parties as filing married, etc.)
<input type="checkbox"/> Child Born within a Marriage or Adopted	<input type="checkbox"/> Social Security card <input type="checkbox"/> Birth certificate or hospital certificate or final adoption papers (must list name of child and parents) <input type="checkbox"/> Current proof of residency for child age 19–25 (copy of driver's license, state ID, or letter from school showing child's address) <input type="checkbox"/> Dependent Consent Form (if Dependent Life Insurance was elected)

**Note:** A copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency for child(ren) age 19–25.



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## DOCUMENTATION REQUIREMENTS (continued)

Dependent	Documentation Requirements
<input type="checkbox"/> Child Born outside of a Marriage	<input type="checkbox"/> Social Security card <input type="checkbox"/> Birth certificate or hospital certificate (must list name of child and parents) or court order establishing paternity. <input type="checkbox"/> Current proof of residency for child age five and older (copy of driver's license, state ID, or letter from school showing child's address) <input type="checkbox"/> <b>If the child does not reside with you</b> , please submit the following: A Qualified Medical Child Support Order or a court order requiring you to maintain health care coverage AND a copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency. <input type="checkbox"/> Dependent Consent Form (if Dependent Life Insurance was elected)
<input type="checkbox"/> Stepchild	<input type="checkbox"/> Social Security card <input type="checkbox"/> Birth certificate (must list name of child and parents) <input type="checkbox"/> Current proof of residency for child age five and older (copy of driver's license, state ID, or letter from school showing child's address) <input type="checkbox"/> Dependent Consent Form (if Dependent Life Insurance was elected) <b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency.
<input type="checkbox"/> Principally Supported Child	<input type="checkbox"/> Social Security card <input type="checkbox"/> Child's birth certificate or hospital certificate or final adoption papers (must list name of child and parents) <input type="checkbox"/> Copy of any birth certificates or hospital certificates for child's parent that establishes their relationship to you <input type="checkbox"/> Current proof of residency for child age five and older (copy of driver's license, state ID, or letter from school showing child's address) <b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency.
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Social Security card <input type="checkbox"/> Guardianship papers. <b>Custody papers are not accepted.</b> <input type="checkbox"/> Birth certificate (must list name of child and parents) <input type="checkbox"/> Current proof of residency for child age five and older if the guardianship papers are older than one year (such as copy of driver's license, state ID, or letter from school showing child's address) <b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency.



**DOCUMENTATION REQUIREMENTS (CONTINUED)**

<b>Dependent</b>	<b>Documentation Requirements</b>
<input type="checkbox"/> Child Pending Adoption	<input type="checkbox"/> Social Security card <input type="checkbox"/> Papers proving placement for adoption (e.g., statement from the adoption agency placing the child in your home) <input type="checkbox"/> Current proof of residency for child age 19–25 (copy of driver’s license, state ID, or letter from school showing child’s address)
<b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency.	
<input type="checkbox"/> Children of Same-Sex Domestic Partnerships	<input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Birth certificate (must list name of child and parents) <input type="checkbox"/> Current proof of residency for child age five and older (copy of driver’s license, state ID, or letter from school showing child’s address) <input type="checkbox"/> Dependent Consent Form (if Dependent Life Insurance was elected)
<b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested in the following year to establish proof of dependency.	
<input type="checkbox"/> Child — Legal Obligation	<input type="checkbox"/> Social Security card (only if the dependent has never been on the coverage) <input type="checkbox"/> Divorce decree or court order that mandates you to provide health care coverage for the child(ren) <input type="checkbox"/> Birth certificate (only if the dependent has never been on the coverage)
<input type="checkbox"/> Sponsored Dependent <b>Requires your Monthly Contribution equal to the Full Cost of Coverage</b>	<input type="checkbox"/> Social Security card <input type="checkbox"/> Birth certificate establishing relationship to you OR current proof of residency if not related to you by blood or marriage <input type="checkbox"/> If the sponsored dependent is not a U.S. citizen, a copy of the resident alien card (green card) <input type="checkbox"/> Medicare card (if eligible) <input type="checkbox"/> If dependent is not a parent, current proof of residency (copy of driver’s license, state ID, or letter from school showing child’s address)
<b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested next year to establish proof of dependency.	



  
**DOCUMENTATION REQUIREMENTS (CONTINUED)**

<b>Dependent</b>	<b>Documentation Requirements</b>
<input type="checkbox"/> Totally and Permanently Disabled Child	<input type="checkbox"/> Copy of Social Security card (only if the dependent has never been on the coverage) <input type="checkbox"/> Statement of Total and Permanent Disability (completed and signed by the dependent's physician) <input type="checkbox"/> Current proof of residency for child age 5 and older (copy of driver's license, state ID, or letter from school showing the child's address) <input type="checkbox"/> Medicare card (if eligible) and copy of SSI Award (if eligible) <input type="checkbox"/> Birth certificate (only if the dependent has never been on the coverage) <input type="checkbox"/> Copy of your most recent federal income tax form <input type="checkbox"/> Health Care Dependent Affidavit <b>Note:</b> A copy of your Federal Income Tax form for current tax year will be requested next year to establish proof of dependency.

Coverage effective dates will be determined upon receipt of all documentation.

Your dependents (except spouse or newborn child) will not be added until the required documentation is received.

Return this form in the enclosed envelope or, if you use your own envelope, mail to the following address:

GM Benefits & Services Center  
P.O. Box 770003  
Cincinnati, OH 45277-0071