

Consova Listing of Appropriate Dependent Documentation

The following documents are acceptable forms of documentation for submission when verifying dependent eligibility to participate in Team Member benefit plans. If you are unable to provide any of the documents requested, contact Consova for alternative documents if applicable.

Dependent Relationship	Required Verification Documents
Spouse Document Spouse Your legally married spouse <i>(divorced spouses are not eligible for coverage)</i>	A copy of your marriage certificate And One (1) of the following documents: One (1) of the following documents: Please submit a copy of page one through the claimed dependents section of your jointly filed federal tax return (form 1040) or both or your returns if you file separately, from the most recent tax season. Please black out the first five digits of any Social Security numbers. OR Please submit a joint financial statement dated within (insert start/close date). Acceptable joint financial statements are: Bank statement, mortgage statement, current renter's lease, credit card statement. If joint documents are not available, individual documents from employee and spouse indicating the same residence within the same time frame will be accepted. Please black out financial information and account numbers.
Domestic Partner Document Domestic Partner Your eligible, unrelated domestic partner	A newly completed copy of a Domestic Partner Affidavit. The affidavit may be found at https://verify.consova.com/ . AND Proof of dependency as evidenced by a copy of <u>two</u> of the following documents: <ul style="list-style-type: none"> ▪ Joint housing lease, mortgage, or deed at least 12 months prior to the date of the signed affidavit ▪ Joint ownership of motor vehicle ▪ Joint checking or savings account ▪ Designation of the partner as a primary beneficiary of the Team Member's life insurance, retirement benefits or residuary estate under a will ▪ Designation of the partner as holding a durable power of attorney for health care decisions regarding the employee. Please note: Proof of dependency documents must be dated within 60 days prior to the date of this letter. Insurance and medical-related documents will not be accepted as proof of residency. You may also submit individual documents that show the same address. AND Completion and return of the Benefit Verification Form, if required. This form may be found at https://verify.consova.com/ .

Dependent Relationship	Required Verification Documents
<p>Child Document</p> <p>Child under age 26</p> <ul style="list-style-type: none"> ▪ Your natural child, legally adopted child, or child in the process of being adopted; ▪ Stepchild; ▪ A child of your Domestic Partner; or ▪ A foster child; or ▪ A child whom you have legal guardianship of; or ▪ A child who is the subject of a Qualified Medical Child Support Order (QMCSO) issued to you. 	<p>A copy of the following documents (varies by the relationship of the child to the team member):</p> <ul style="list-style-type: none"> ▪ Natural child or legally adopted child: State or county issued birth certificate showing employee's name or signed court order. If birth certificate lists employee's maiden name, please provide marriage certificate. ▪ Stepchild: State or county issued birth certificate showing parents' names, copy of your marriage certificate, and a copy of page one through the claimed dependents section of your jointly filed federal tax return (form 1040) or both of your tax returns if you file separately, from the most recent tax season. Please black out the first five digits of any Social Security Numbers. <p>OR</p> <p>Please submit a joint financial statement dated within (insert start/close date). Acceptable joint financial statements are: Bank statement, mortgage statement, current renter's lease, credit card statement. If joint documents are not available, individual documents from employee and spouse indicating the same residence within the same time frame will be accepted. Please black out financial information and account numbers</p> <ul style="list-style-type: none"> ▪ Child of your domestic partner: State or county issued birth certificate and proof of established Domestic Partnership. ▪ Foster child: Signed letter from social service agent confirming the child has been placed under your care and your Federal Tax return from the most recent Tax season claiming the child as a dependent (if the plan allows). ▪ Child whom you have legal guardianship: Signed Court Order and a copy of page one through the claimed dependents section of your filed federal tax return (form 1040) from the most recent tax season claiming the child as a dependent. Please black out the first five digits of any Social Security numbers. ▪ Child who is the subject of a Qualified Medical Child Support Order: Signed court order. <p>Please note: for unmarried disabled children aged 26 or over, in addition to the birth certificate, we will also need a copy of page one through the claimed dependent section of your filed federal tax return (form 1040) from the most recent tax season claiming the child as a dependent. Please black out the first five digits of any Social Security numbers.</p>