

Proof of Relationship

Employee
Name _____

Employee
ID _____

Dependents are eligible for benefits if they meet the following requirements:

- They are a lawful spouse of a Company employee provided no legal separation, or divorce has been obtained (if spouse is eligible for coverage through their employer, a spousal surcharge will apply to the medical premium); or
- They are children of a Company employee who are under the age of 26 (includes stepchildren, legally adopted children, or children under an employee's legal guardianship); Children are covered until end of month of their 26th birthday.

*** Please provide proof of relationship: a copy of your marriage certificate to add a spouse and a birth certificate to add a child. Return this form and the supporting documentation to benefits@boydcat.com before making any benefit elections in myHR&Payroll.

For non-participating benefits purposes:

Do you have a spouse or parent that works for Boyd? Yes No

Are you currently on a Boyd employee's medical plan? Yes No

If Yes, **Name of Employee:**

Spouse Name	Date of Birth	Social Security #	Gender
Child(ren) Name(s)	Date of Birth	Social Security #	Gender

***Please provide your spouse's email address if you are participating in the Wellness Program and your spouse is on the company medical plan as you both need to create a wellness account at boyd.adurolife.com. **Spouse's email address:**

*Note: Your spouse can create an account starting the Thursday after your elections are selected. If you encounter any issues setting up your account(s) please email benefits@boydcat.com