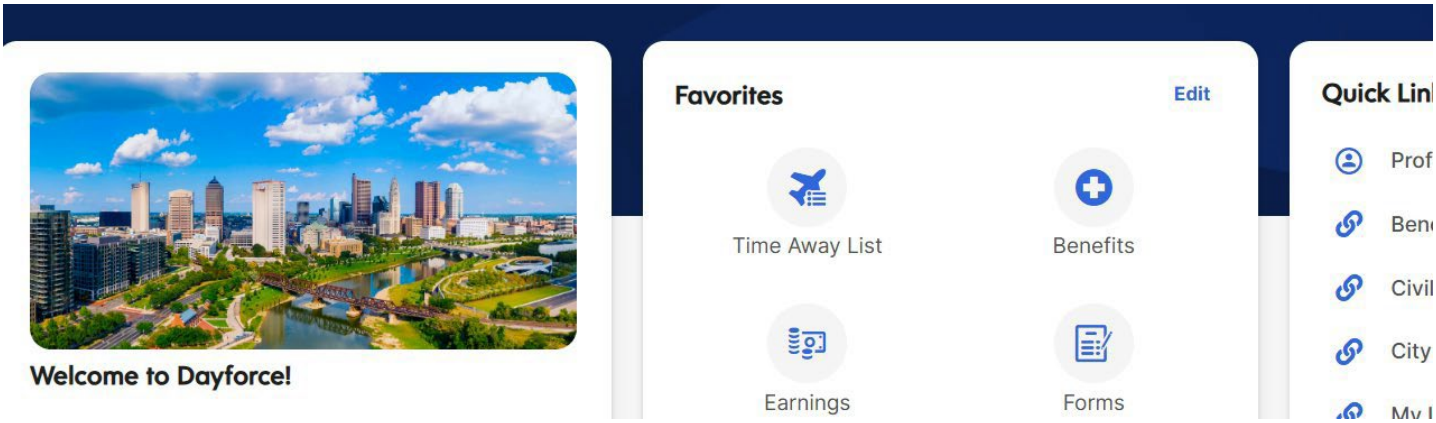
Dependent Verification Guide

How to Submit a Dependent Verification in Dayforce

If you have added new dependents to the plan, please ensure you complete submitting the required Dependent Verification for those dependents within 30 days from when you submit your enrollment. **Failure to provide the required dependent verification documents will result in the removal of the dependent(s) from coverage.**

STEP 1

Enter Dayforce with your login credentials. Once logged into Dayforce, you will want to select the **Benefits** icon in the top menu bar.



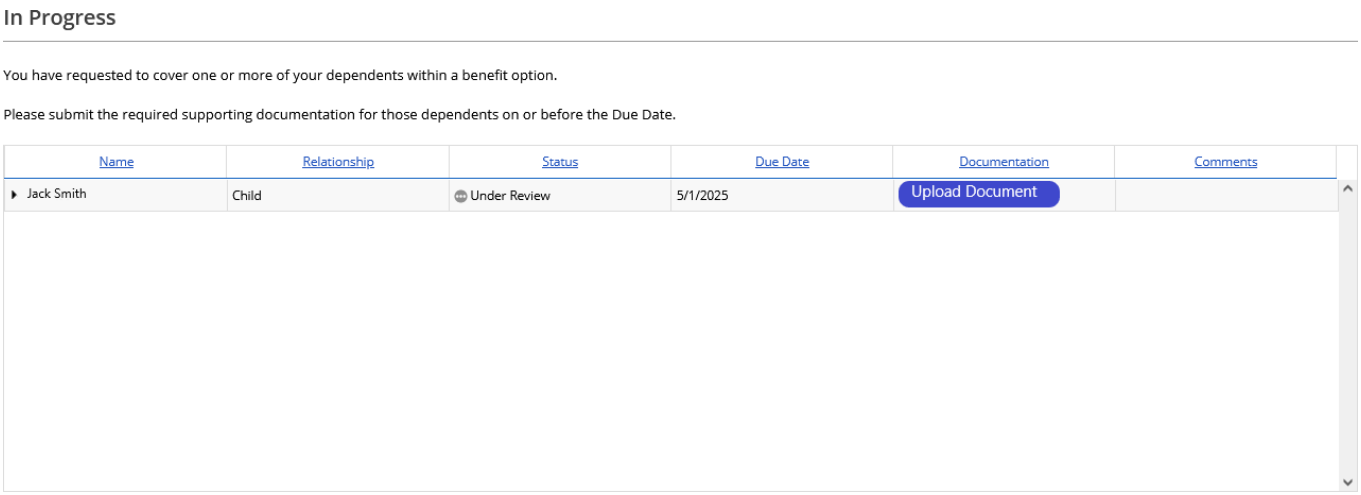
STEP 2

It will then take you to the **Benefit** page. Select the **Dependent Verification** tab, which will list all dependents that are pending required Dependent Verification.



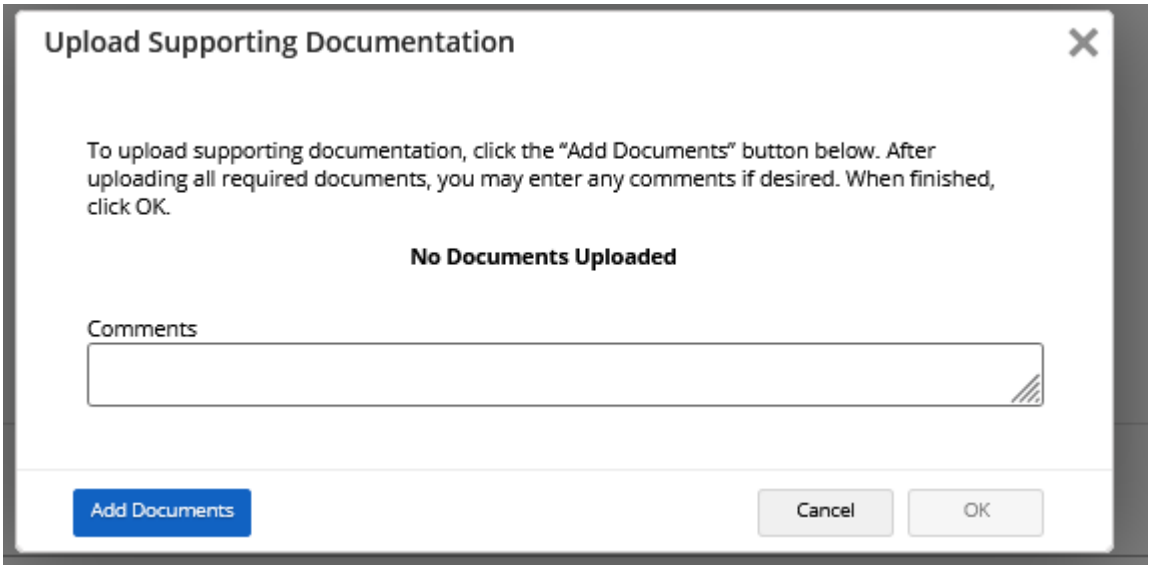
STEP 3

Select the **Upload Document** button to upload the required document(s) for the selected dependent listed under the In Progress section of the screen.



STEP 4

Select the **Add Document** button to upload the required document(s) for the selected dependent.



Please review the next page for the full list of acceptable dependent verification documents.

Definitions and Required Verification Documents List

SPOUSE AND DOMESTIC PARTNER		
DEPENDENT TYPE	**DEFINITION**	**REQUIRED DOCUMENT(S)**
Spouse	Legal spouse of a covered employee Does not include: - Ex-spouse - *Legally* separated spouse	Marriage Certificate (court approved certificate or marriage abstract, not license) PLUS one of the following to show current joint tenancy: - Proof of joint ownership of residence or other real estate; - Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property; - Joint ownership of a motor vehicle; - Designation of the spouse as a primary beneficiary of the covered employee's life insurance, or retirement benefits; - Utility bill listing both covered employee and spouse (or two separate utility bills at the same address, one listing the covered employee and one listing the spouse).
Domestic Partner	A qualified domestic partner: - must share a permanent residence with the covered employee; - is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for at least six (6) months and intends to remain in the relationship indefinitely; - is not currently married to or legally separated from another person; - shares responsibility with the covered person for each other's common welfare; - is at least 18 years of age and mentally competent; - is not related to the covered employee by blood to a degree of closeness that would prohibit marriage; - is financially interdependent with the covered employee in accordance with the plan requirements.	**Affidavit of Domestic Partnership** **PLUS** Four (4) of the following documents to show financial interdependency: (one of the 4 documents must substantiate the 6 month history) - Joint ownership of real estate property or joint tenancy on a residential lease; - Joint ownership of an automobile; - Joint bank or credit account; - Joint liabilities (e.g. credit cards or loans); - A will designating the domestic partner as primary beneficiary; - A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary; - A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.

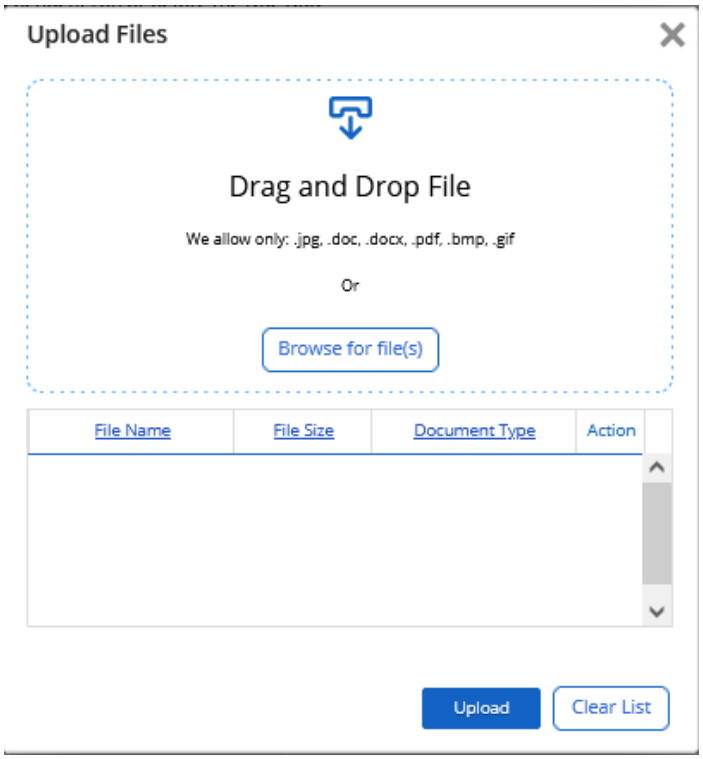
DEPENDENT CHILD		
DEPENDENT TYPE	**DEFINITION**	**REQUIRED DOCUMENT(S)**
Natural child (up to age 26)	A natural (biological) child of the covered employee or domestic partner The domestic partner must be enrolled in order to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee or the employee has legal guardianship of the child.	Birth Certificate of the child **OR** If one of the OPTIONS above is not available (i.e., when adding a newborn), one (1) of the following: - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective letterhead
Stepchild (up to age 26)	A natural (biological) child of a covered employee's spouse, i.e. a stepchild of the covered employee	Birth Certificate of stepchild If submitting birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required. Child (up to age 26) covered by a QMCSO
Child (up to age 26) for whom the employee, spouse or domestic partner is legal guardian.	A child for whom legal guardianship has been awarded to the covered employee, spouse or domestic partner. The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e. the employee has legal custody of the child.	Court documents signed by a judge verifying legal custody of the child If submitting court documents of legal custody, and the spouse is not covered under the employee's plan, documents proving the eligibility of the spouse are also required.

DEPENDENT CHILD		
DEPENDENT TYPE	**DEFINITION**	**REQUIRED DOCUMENT(S)**
Adopted child (up to age 26)	A legally adopted child of the covered employee, spouse or domestic partner, includes children placed in anticipation of a legal adoption The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee as well, or the employee has legal guardianship of the child.	**<u>One</u> (1) of the following OPTIONS:** OPTION 1**:** Court documents for the adopted child from a court of competent jurisdiction OPTION 2: International adoption papers from country of adoption OPTION 3: Papers from the adoption agency showing intent to adopt
		If submitting court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.
Child (up to age 26) covered by a QMCSO	A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).	**<u>One</u> (1) of the following OPTIONS:** OPTION 1: Court documents signed by a judge OPTION 2**:** Medical support orders issued by a State agency

DISABLED DEPENDENT		
DEPENDENT TYPE	**DEFINITION**	**REQUIRED DOCUMENT(S)**
Disabled Dependent, age 26 or older	A dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.	One of the required documents for the applicable dependent child definition type above. (See DEPENDENT CHILD section)
		PLUS
		Proof of Disability Beyond Limiting age Certification

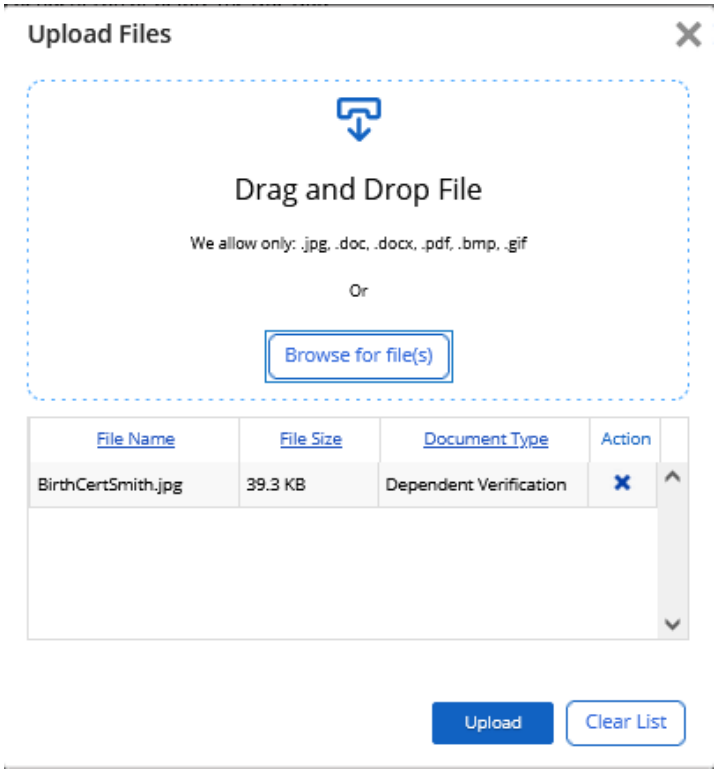
STEP 5

Select the **Browse for file(s)** button to select the document to upload. Please ensure you upload documents with the file type of .jpg, .doc, .docx, .pdf, .bmp, or .gif. Otherwise, the documents will not upload.
Repeat step 5 for multiple documents.



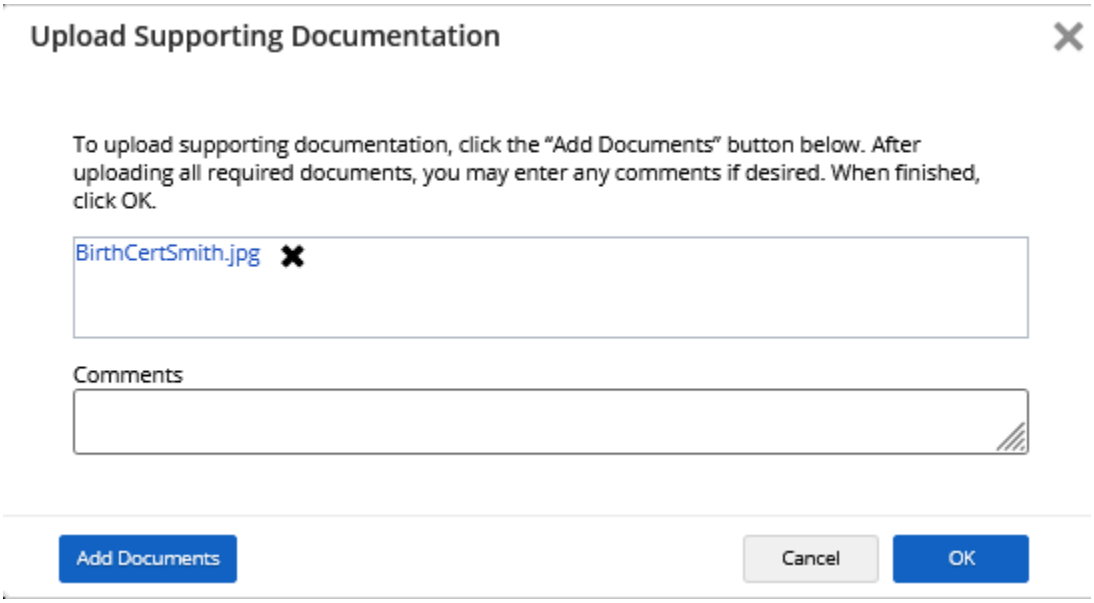
STEP 6

Once all document(s) are selected, click **Upload.**



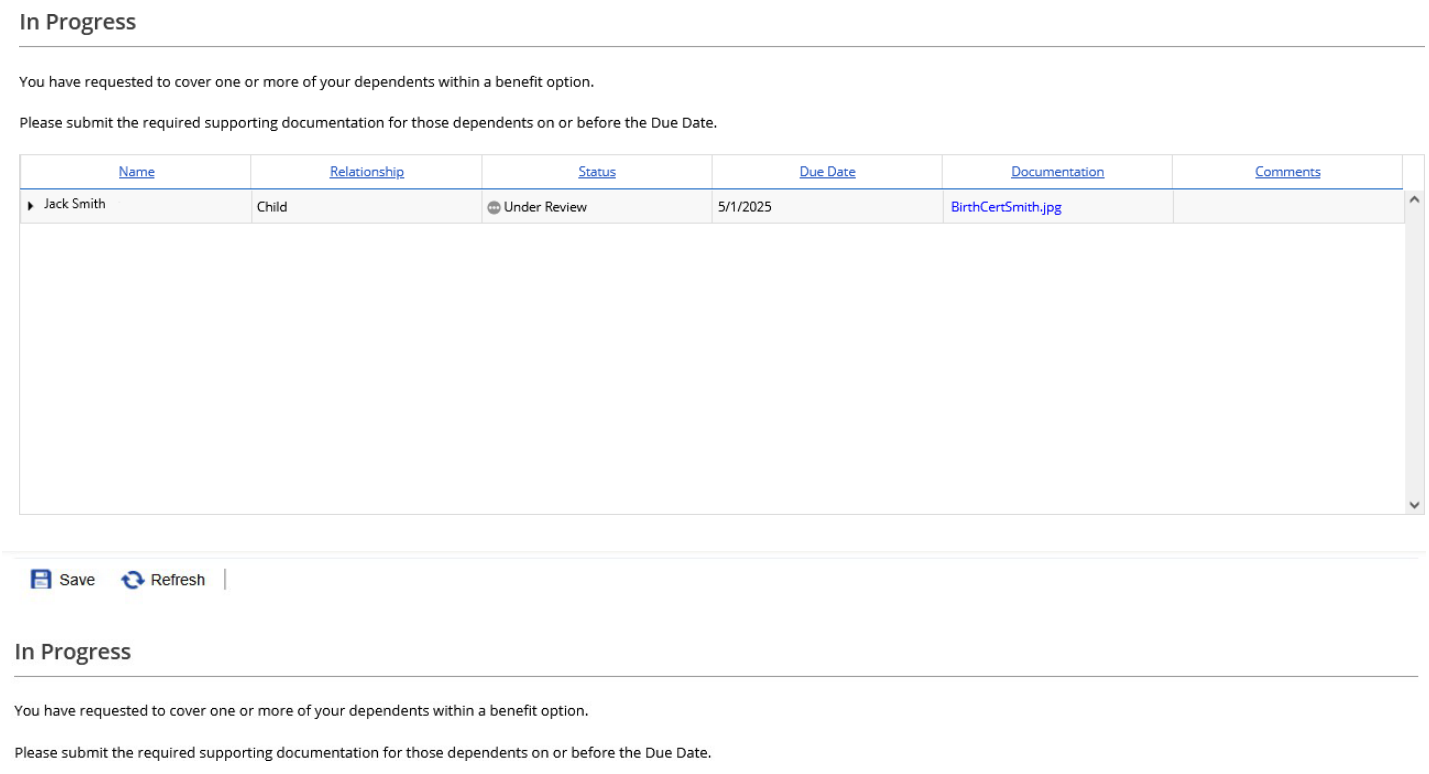
STEP 7

Review the documents selected. If you need to remove a document, click the **X** next to the document. Select the **Add Document** button to navigate back to uploading additional documents and repeat steps 4 through 6. You can add a comment in the comment box if desired. If all required documents are uploaded for this dependent, click the **OK** button.



STEP 8

Repeat steps 4 through 7 for all dependents listed. Once all documents have been uploaded, click the **Save** button to submit your documents for review.



STEP 9

You have successfully uploaded your Dependent verification documents. You will receive a notification in Dayforce if accepted. The next time you view the dependent verification tab, the dependent will be listed under the Completed section.

If you provide invalid documents, our office will reach out to you through the contact email(s) listed in Dayforce and provide information regarding what is needed and the next steps. Failure to provide the required dependent verification documents will result in the removal of the dependent from coverage.

Verification

