

UW HEALTH VERIFICATION REQUIREMENTS

When submitting supporting documentation:

- ✓ Mark out all confidential information such as financial data and social security numbers.
- ✓ Do NOT send originals of the listed documents. Documentation submitted will not be returned.
- ✓ Please note that vital records are not required forms of proof. Therefore, do NOT make photocopies of or scan vital records. (Vital records are records of birth, death, marriage, divorce, domestic partnerships, and termination of domestic partnerships.)
- ✓ If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document.
- ✓ If a document is not in English, you may be requested to supply an official English translation of the document and a copy of the original document.

[illegible]

Eligibility Requirements	Acceptable Supporting Documentation
<p><u>DOMESTIC PARTNER (UWMF Plans Only)</u></p> <p>Your same or opposite sex domestic partner in which you live with and you both meet all of the following:</p> <ol style="list-style-type: none"> 1. Are 18 years of age or older. 2. Are competent to enter into a contract. 3. Are not legally married to, nor the domestic partner of, any other person. 4. Are not related by marriage. 5. Are not related by blood closer than permitted under the marriage laws of the State of Wisconsin. 6. Have entered into the domestic partner relationship voluntarily, willingly and without reservation. 7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following – <ul style="list-style-type: none"> • Living together as a couple; • Mutual support of each other; • Mutual caring and commitment to one another; • Mutual fidelity; • Mutual responsibility for each other's welfare; and • Joint responsibility for the necessities of life. 8. Have been living together as a couple for at least six months prior to registration with UW Health. 9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner. <p>Sample Federal 1040 Form</p> <p>Please mark out SSN's and Financial Info</p>	<p>SUBMIT THREE DOCUMENTS - Submit one document from PROOF D <u>AND</u> two documents from PROOF E:</p> <p><u>PROOF D:</u></p> <ul style="list-style-type: none"> • Valid UW Health Domestic Partner Affidavit, which must include <ul style="list-style-type: none"> ○ Names of the employee and domestic partner <p><u>AND</u></p> <p><u>PROOF E:</u></p> <ul style="list-style-type: none"> • Utility bill, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners ○ Contain name of utility company • Document from a bank account or financial institution, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners of the account ○ Contain name of financial institution • Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Show employee and domestic partner as joint account owners (Individuals listed as “drivers” on automobile insurance documents do not prove joint account ownership) ○ Contain name of insurance company • Mortgage document or current lease, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners or joint renters ○ Contain name of mortgage company, landlord or rental company • Valid vehicle registration, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners ○ Contain name of state or county in which issued • Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> ○ Be from 2016, 2017 or 2018 tax year ○ Name employee as person filing ○ Name of domestic partner listed as dependent with relationship of “Other” <p><i>(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted)</i></p>

Eligibility Requirements	Acceptable Supporting Documentation
<p>Child under age 26 Your children until the end of the month that they reach age 26 which includes:</p> <ul style="list-style-type: none"> a natural child, a child placed with you for adoption a stepchild; or any other child for whom you have legal guardianship or court-ordered custody. <p>Sample Federal 1040 Form</p> <p>Please mark out SSN's and Financial Info</p>	<p>SUBMIT ONE DOCUMENT- Submit a copy of one document from PROOF F:</p> <p>PROOF F:</p> <ul style="list-style-type: none"> Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> Be from 2016, 2017 or 2018 tax year List your dependent with the relationship as daughter, son or child (Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted) Child's hospital birth certificate or affidavit of parentage, which must: <ul style="list-style-type: none"> Contain the first and last name of employee or spouse* Contain the name of the child Indicate date of birth (Should contain the statement that it is "not for official use") Legal household/family registry, must show relationship (This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.) Final parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must: <ul style="list-style-type: none"> Contain the name of the employee or spouse indicating parentage of the child Contain the name of the child Official signature or stamp indicating document has been filed Legal adoption, guardianship or legal custody papers, which must: <ul style="list-style-type: none"> Contain the name of the employee or spouse Contain the name of the child Official signature or stamp indicating document has been filed <p>Also required to prove the relationship between you and your stepchild: If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, you must provide the required proofs listed for Spouse (Proof A or Proof B and C) or Domestic Partner (Proof D and E), even if you do not currently cover your spouse or domestic partner.</p>

Eligibility Requirements	Acceptable Supporting Documentation
<p>Child age 26 and over – Any dependent disabled child, over the age of 26 who otherwise meets the criteria for "child" and is:</p> <ul style="list-style-type: none"> incapable of self-support because of a physical or mental disability that is expected to be of a long-continued or indefinite duration may continue or resume their status as Dependents, regardless of age or student status, as long as they remain so disabled, or a full-time student, regardless of age, who was called to federal active duty when the child was under the age of 27 years and while the child was attending, on a full-time basis, an institution of higher education. The adult child must apply to an institution of higher education within 12 months after completing his/her active duty obligation 	<p>SUBMIT TWO DOCUMENTS - Submit a copy of one document from PROOF G AND a copy of one document from PROOF H:</p> <p>PROOF G:</p> <ul style="list-style-type: none"> Any one of the documents listed for Child under age 26. <p>AND</p> <p>PROOF H:</p> <ul style="list-style-type: none"> Physician statement certifying that the dependent child: <ul style="list-style-type: none"> Cannot support them self because of a physical or mental disability. All information must be included on physician's letterhead or form and dated within the last 12 months. <p>Also required to prove the relationship between you and your stepchild: If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, you must provide the required proofs listed for Spouse (Proof A or Proof B and C) or Domestic Partner (Proof D and E), even if you do not currently cover your spouse or domestic partner.</p>

Eligibility Requirements	Acceptable Supporting Documentation
<p><u>Grandchild</u> – your grandchild until the end of the end of the month that your dependent child reaches age 18:</p> <ul style="list-style-type: none"> a grandchild who is the child(ren) of your covered biological, or adopted child(ren) or of your spouse or domestic partner to the end of the month your child reaches age 18 where both child and grandchild reside with you and <u>both</u> are wholly dependent on you for support. 	<p>SUBMIT ONE DOCUMENT - Submit a copy of the document from PROOF I (to prove the relationship between you and your child and to prove the child and grandchild are wholly dependent on you for support):</p> <p><u>PROOF I:</u></p> <ul style="list-style-type: none"> Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> Be from 2016, 2017 or 2018 tax filing List your dependent with the relationship as daughter, son, child, or grandchild. Both your child and grandchild must be listed in order for your grandchild to be covered. <p><i>(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted)</i></p> <p><u>*Also required to prove the relationship between you and your grandchild:</u> <i>If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, you must provide the required proofs listed for Spouse (Proof A or Proof B and C) or Domestic Partner (Proof D and E), even if you do not currently cover your spouse or domestic partner.</i></p>