

SECTION C: Dependent Eligibility Documentation

Dependent/Employee Relationship	Preferred Documentation
Biological Child(ren)	<ul style="list-style-type: none"> • Birth Certificate • Hospital issued certificate of live birth
Stepchild(ren)	<ul style="list-style-type: none"> • Birth certificate and marriage certificate
Adopted Child(ren)	<ul style="list-style-type: none"> • Birth Certificate • Final adoption decree • Placement letter from court • Adoption agency for pending adoption(s)
Foster Child(ren)	<ul style="list-style-type: none"> • Court assignment • Agency order establishing relationship • Proof of state licensing • Approval order establishing legal guardianship and related legal documents that establish relationship and birth date
Child(ren) for whom you are a legal guardian	<ul style="list-style-type: none"> • Court assignment • Agency order establishing legal guardianship and related legal documents that establish relationship and birth date
Child(en) of registered domestic partner, who depends on your support and lives with you in a regular parent/child relationship	<ul style="list-style-type: none"> • State of CA Declaration of Domestic Partnership Certificate and birth certificate
Adopted child(en) of registered domestic partner, who depends on your support and lives with you in a regular parent/child relationship	<ul style="list-style-type: none"> • State of CA Declaration of Domestic Partnership Certificate and birth certificate • If no birth certificate then <ul style="list-style-type: none"> ○ Final adoption decree ○ Placement letter from court ○ Adoption agency for pending adoption(s)
Child(en) for whom your registered domestic partner is the legal guardian	<ul style="list-style-type: none"> • State of CA Declaration of Domestic Partnership Certificate and birth certificate • If no birth certificate then <ul style="list-style-type: none"> ○ Court assignment ○ Agency order establishing legal guardianship
Child(ren) for whom the court has issued a Qualified Medical Support Order (QMCSO)	<ul style="list-style-type: none"> • Qualified Medical Child Support Order

I declare all statements are true certify the following:

I understand that the Santa Clara University reserves the right to request a copy of any document to substantiate the relationship of my enrolled dependent(s)

I understand that additional information and supporting documentation may be requested as necessary to substantiate dependent eligibility for University benefits.

I understand that dependents are subject to the same window period governing all other employees who are covered by or applying for benefit plan coverage. Any dependents, new employees, adoptions, new marriages, and registered domestic partnerships are subject to a thirty (30) day limit on the enrollment period from the date of eligibility.

I affirm, under the penalty of perjury, that the assertions in this Affidavit are true and accurate to the best of our knowledge. I understand that willful falsification of information contained in this Affidavit may result in our termination of enrollment by the plan providers, which I have selected for coverage. I further understand that willful falsification of information contained in this affidavit result in the termination of education benefits by the University, legal action by the University to collect reimbursement of fraudulently obtained education benefits, and disciplinary action, up to and including termination.

Signature of employee

Date

(Last)

(First)

(Middle)