Required Documentation for Dependent Verification

The following chart lists the acceptable forms of documentation that will be required for each type of dependent. Please send a legible photocopy of the document. Any illegible documents will be returned to you and will not be accepted.

| Dependent Type | Required Documentation |
|--|--|
| Birth Child under Age 26 | You must provide one form of documentation: |
| | Birth certificate for biological children showing you as parent, or |
| | Documentation on hospital letterhead indicating birth date of child, showing you as parent (acceptable only for children under 6 months) |
| | old if documents above aren't available), or |
| | Paternity test; or |
| | Court child support order. |
| Step-Child under Age 26 | You must provide two forms of documentation: |
| | 1. Birth Certificate of child showing your spouse's name as parent and |
| | 2. Proof of marriage to step-child's parent. |
| Domestic Partner's Child under | You must provide two forms of documentation: |
| Age 26 | 1. Birth Certificate showing your domestic partner's name as parent and |
| | 2. Notarized domestic partner affidavit |
| Adopted Child under Age 26 | You must provide one form of documentation: |
| | Adoption Certificate or Court approved adoption papers |
| Child under Age 26 | You must provide one form of documentation: |
| for Whom You Are the Legal Guardian | Court ordered documentation of legal guardianship or documentation of legal guardianship of authorized placement agency |
| Dependent Child with Disabilities | Please contact HR Benefits directly if you have a dependent that falls into this category. |
| (Your child not capable of | You must provide two forms of documentation: |
| self-support due to mental illness, | 1. Appropriate documentation as listed above for birth, adopted, or legal guardian status |
| incapacity, or physical disability) | 2. Must be certified by the child's Primary Care Provider |
| Spouse | You must provide one form of documentation: |
| (A member of the same or opposite sex to whom you are legally married) | Marriage license or church/justice of the peace marriage certificate |
| | |
| Common Law Spouse | You must provide one form of documentation: |
| (A member of the opposite sex with | Notarized common law affidavit |
| whom you refer as spouse and share | |
| residency) | |
| Domestic Partner | You must provide one form of documentation: |
| (A member of the same or opposite sex with whom you share residency) | Notarized domestic partner affidavit |
| | |

Please upload all documents to your benefits record on www.RSFBenefits.hrintouch.com or email to HRBenefitsTeam@rsfh.com