

UNIVERSITY OF CALIFORNIA

DEFINITIONS AND REQUIRED DOCUMENTS

Documentation to verify eligibility must be provided for all family members you identified in the *Cover Sheet for Family Member Eligibility Verification* as being eligible for health care coverage under the UC-health sponsored plans.

Please use a black marker to hide financial and Social Security Numbers on the tax return before submitting it to Secova Inc. (See sample Tax Return in the Frequently Asked Questions for further information.)

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Spouse or Registered Domestic Partner	<p>Spouse: A current legal spouse as recognized by state law. A legally separated or ex-spouse is not eligible for coverage under UC-sponsored plans.</p> <p>Registered Domestic Partner: Individual in a current domestic partnership registered with the State of California or a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction. For opposite gender domestic partners either you or your domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age.</p>	<p>Option 1 Any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse • Page 1 and signature page of your 2010 or 2011 State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your spouse or domestic partner <p>FOR OPPOSITE GENDER DOMESTIC PARTNERS: BOTH of the following documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your domestic partner • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>Option 2 ONE of the following documents:</p> <ul style="list-style-type: none"> • Marriage Certificate (spouse) • State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction <p>AND any ONE of the following documents to show marriage/domestic partnership is still current:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement listing both plan member and spouse/domestic partner • Current property tax documents listing both you and your spouse/domestic partner • Automobile registration that is currently in effect listing both you and your spouse/domestic partner • Current credit card statement or other account statement (e.g. bank account) listing both you and your spouse/domestic partner • Current utility bill listing both you and your spouse/domestic partner or separate utility bills showing the same address <p>OPPOSITE GENDER DOMESTIC PARTNERS: ALL of the following documents:</p> <ul style="list-style-type: none"> • State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction • One of the documents from the list above to show domestic partnership is still current • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>NOTE: "Current" is defined as within the last 12 months</p>

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Same Gender/ Opposite Gender Domestic Partner (Not Registered)	<p>A domestic partnership that has not been registered with the State of California must meet the following criteria to be a domestic partnership for UC HR purposes:</p> <ul style="list-style-type: none"> – parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely – neither party may be legally married or be a partner in another domestic partnership – parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California – both parties must be at least 18 years old and capable of consenting to the relationship – both parties must be financially interdependent – parties must share a common residence – For opposite gender domestic partners either the member or domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age 	<p>Any THREE of the following documents:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement listing both you and your domestic partner • Current Property Tax documents listing both you and your domestic partner • Automobile registration or car loan that is currently in effect listing both you and your domestic partner • Current credit card statement or other account statement (e.g. bank account) listing both you and your domestic partner • Current utility bill listing both you and your domestic partner or separate utility bills showing the same address • Power of attorney for durable property or healthcare • Wills, life insurance policies or retirement annuities naming each other as primary beneficiary • Written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship <p>OPPOSITE GENDER DOMESTIC PARTNERS:</p> <p>ALL of the following:</p> <ul style="list-style-type: none"> • Any three of the documents from the list above to show domestic partnership is still current • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>NOTE: "Current" is defined as within the last 12 months.</p>
Biological (natural) Child Up to age 26	Your biological child (child is eligible through the end of the month in which the child reaches age 26)	<p>Option 1</p> <ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) naming you as parent <p>Option 2</p> <ul style="list-style-type: none"> • Any government-issued document (Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Adopted Child Up to age 26	Your legally adopted child or a child placed with you in anticipation of legal adoption (child is eligible through the end of the month in which the child reaches age 26)	<p>Option 1</p> <ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) naming you as adopted parent

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Adopted Child Up to age 26		Option 2 <ul style="list-style-type: none"> Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date AND any ONE of the following legal documents: <ul style="list-style-type: none"> Certificate of adoption (court documents) signed by a judge showing that you have adopted the child Papers from the adoption agency showing intent to adopt International adoption papers from country of adoption and a certified translation of the document in English
Stepchild Up to age 26	Your stepchild (child is eligible through the end of the month in which the child reaches age 26)	ALL of the following: <ul style="list-style-type: none"> Birth Certificate of stepchild (issued by a state, county or vital records office) showing your spouse as parent Provide the required documents listed previously in the spouse section (above) demonstrating spouse is eligible for coverage under UC-sponsored health plans
Domestic Partner's Child Up to age 26	Your domestic partner's child (child is eligible through the end of the month in which the child reaches age 26) Note: Your domestic partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to prove eligibility.	ALL of the following: <ul style="list-style-type: none"> Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans Provide the required documents listed previously in the biological (natural) child or adopted child sections (above) naming your domestic partner as parent
Grandchild or Step-Grandchild Up to age 26	Your unmarried grandchild or step-grandchild, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as a tax dependent by you or your spouse	<ul style="list-style-type: none"> Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild or step-grandchild's birth date AND any ONE of the following tax documents: <ul style="list-style-type: none"> Page 1 and signature page of your or your spouse's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild Page 1 and Certificate of Electronic Filing or transmission page of your or your spouse's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild
Domestic Partner's Grandchild Up to age 26	Your domestic partner's unmarried grandchild who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as a tax dependent by you or your domestic partner Note: Your domestic partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to prove eligibility.	ALL of the following: <ul style="list-style-type: none"> Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild's birth date AND any ONE of the following tax documents: <ul style="list-style-type: none"> Page 1 and signature page of your or your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild Page 1 and Certificate of Electronic Filing or transmission page of your or your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Child for whom the Plan Member is Legal Guardian Up to age 18	Your unmarried child for whom you have become legal guardian, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as your tax dependent	<ul style="list-style-type: none"> Signed court document confirming plan member is the legal guardian AND any ONE of the following tax documents: <ul style="list-style-type: none"> Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	Any recognized children you are required to cover under the plan due to a Qualified Medical Child Support Order (QMCSO)	ONE of the following documents: <ul style="list-style-type: none"> Court documents signed by a judge Medical support orders issued by a State agency
Over Age Disabled Child (age 26 or older)	<p>In most cases, a disabled child may be covered under UC-sponsored health plans provided the disabled child meets all of the following:</p> <ul style="list-style-type: none"> unmarried incapable of self-support due to a mental or physical disability incurred prior to age 26 enrolled in a UC group medical plan before age 26, the coverage is continuous from the date of disability must be approved before age 26 or by the carrier during the PIE for newly eligible employees or newly acquired family members chiefly dependent upon you, your spouse or eligible domestic partner for support and maintenance (50%+ support) claimed as your, your spouse's or your eligible domestic partner's dependent for income tax purposes or, if not, is eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment that may offset the Social Security or Supplemental Security Income. 	<ul style="list-style-type: none"> You must submit the required document(s) for the appropriate family member category above, as proof that the child is your or your spouse/domestic partner's biological (natural) child, adopted child, stepchild, grandchild/step-grandchild, or grandfathered other child AND any ONE of the following tax documents: <ul style="list-style-type: none"> Page 1 and signature page of your/your spouse's/your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child Page 1 and Certificate of Electronic Filing or transmission page of your/your spouse's/your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child <p>IF NOT CLAIMED AS DEPENDENT FOR INCOME TAX PURPOSES:</p> <p>ALL of the following:</p> <ul style="list-style-type: none"> You must submit the required document(s) for the appropriate family member category above, as proof that the child is your or your spouse/domestic partner's child Current government-issued ID or document showing eligibility for Social Security Income (SSI) or Social Security Disability Income (SSDI)

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Grandfathered Other Child Up to age 26	<p>Other child can be covered under UC-sponsored health plans provided the other child meets all of the following:</p> <ul style="list-style-type: none"> • enrolled before 09/01/94 • under age 26 • unmarried • living with the Employee/Retiree • dependent on the Employee/Retiree for at least 50% of his/her support • claimed as the Employee/Retiree's dependent for income tax purposes <p>In addition, the eligible Employee/Retiree must continue to have the legal right to authorize medical care for the child.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date • Health Care Power of Attorney <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Grandfathered Adult Dependent Relative (ADR)	<p>An adult dependent relative if enrolled before 12/31/03. Adult dependent relatives <u>must</u> be tax dependents and <u>must NOT</u> be eligible for Medicare to be eligible for coverage in UC-sponsored health plans.</p> <p><i>In addition to yourself, you may cover only one eligible adult family member (not counting children between the ages of 21 and 26 who can be included in your coverage) under your UC-sponsored health plan. If you cover an adult dependent relative under any of your UC-sponsored health plans, you may not enroll your spouse or domestic partner.</i></p>	<ul style="list-style-type: none"> • If age 65 or older, provide documentation from Medicare stating that your adult dependent relative is not eligible for premium-free Medicare Part A <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the adult dependent relative • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the adult dependent relative

RESOURCES TO OBTAIN DOCUMENTS

- Birth Certificates & Marriage Licenses: <http://www.cdc.gov/nchs/w2w.htm> (click on your State for details)
- Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html
- Copy of California State Tax Return: <https://www.ftb.ca.gov/individuals/faq/ivr/615.shtml>
- State of California Declaration of Domestic Partnership: <http://www.sos.ca.gov/dpregistry/>

If you have questions, please call Secova toll-free 24 hours a day, 7 days a week at 1-877-632-8126 or 323-781-3921 (for calls outside of the US).

Your call is confidential.

* Copy of expired Driver's License, CA State ID, Passport, or Military ID is allowed to verify family member's birth date.