



HUMAN RESOURCE SERVICES

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To: State Employees of SUNY Plattsburgh
From: Human Resource Services

Subject: Proof of Eligibility for Health Insurance

Please be advised that proof of eligibility must be submitted upon enrollment in the New York State Health Insurance Program (NYSHIP) for yourself and your dependents. You may either bring a copy of the required proofs listed below – or the originals, which we will photocopy for you.

PROOFS - SPOUSE OR DOMESTIC PARTNER

PKO	OFS – SPOUSE OR DOMESTIC PARTNER
	Se: Copy of Birth Certificate Copy of Social Security Card Copy of Marriage Certificate For marriages that took place more than one year ago Proof of current joint ownership/joint financial obligations (prior year's tax return, current bank statement, mortgage statement, or homeowners policy)
	estic Partner: Copy of Birth Certificate Copy of Social Security Card Completed PS-425 Form
<u>All C</u>	Children Copy of Birth Certificate Copy of Social Security Card
Ador □ I	oted Children (in addition to birth date and social security number documentation) Occumentation of Adoption (i.e. Final Custody Documents, Legal Custody Documentation if overing before adoption is finalized)
□ I "	Indent Stepchildren (in addition to birth date and social security number documentation) of dependent stepchild does not live with the enrollee full-time, enrollee must provide proof of substantial" support or of legal obligation to pay (i.e. Tax Return, Court Order requiring support or provision of health benefits, or other documents to provide reasonable proof of responsibility of the enrollee or the enrollee's spouse for the child's support or benefits)
	r Children (in addition to birth date and social security number documentation): Completed PS-457 form