

Affidavit for Dependent Eligibility



EMPLOYEE NAME (Please Print)								
Employee Name: _____					Social Security Number: _____			
ELIGIBLE DEPENDENTS								
Legal Spouse	(legally separated or divorced spouses are not eligible)							
Domestic Partner	Domestic partners may be added at time of enrollment provided they meet the eligibility requirements by at least twelve consecutive months prior to hire date as outlined in the 2015 Benefits Guide (page 8) and a signed and notarized BOKF Affidavit of Domestic Partnership has been received by the Employee Resource Center.							
Children	Your natural or adopted children, stepchildren, children for whom you are the court appointed legal custodian, your domestic partner's children and children who are required to be covered as a result of a qualified medical child support order. (Please refer to the 2015 Benefits Guide for additional coverage rules)							
TAX DEPENDENT GUIDELINES								
Legal Spouse	Opposite sex spouses meet the guidelines							
Domestic Partner	If you claim an exemption on your federal taxes (if you're unsure, refer to IRS publication 501 and 17)							
Children	a) Natural, adopted children, foster children, and stepchildren b) Children other than those in (a) if: your home is their primary place of residence, you provide more than one-half of their support through the year, the child is younger than you and unmarried, the child is not claimed as a dependent on anyone else's tax return. Please refer to IRS publications 501 and 17.							
DEPENDENT INFORMATION – Required documentation must be attached to affidavit – please see page 2								
Social Security Number	Last Name	First Name	Middle	Birth Date (mm/dd/ccyy)	Gender (M/F)	Rel. Code*	Tax Dep? (Y/N)	Disabled? (Y/N)
Relationship Codes								
<ul style="list-style-type: none"> • SPS - spouse by legal ceremony • SPC - Common Law Spouse • DP - Domestic Partner • CHL - Biological or Adopted Child 				<ul style="list-style-type: none"> • STC - Stepchild • GCH - Grandchild for whom you are the court appointed legal guardian • CDP - Child of Domestic Partner • CST - Child for whom you are the court appointed legal guardian 				
Employee Affirmation								
I certify that I have reviewed the Dependent Eligibility rules as outlined in the 2015BOKF Benefits guide and the dependent(s) listed above are eligible for coverage. I understand that enrollment in benefits to which my dependents are not entitled is considered fraud. In all cases I am responsible for the accuracy of my benefits and coverage levels. I further understand that if I willfully misrepresent the eligibility of my dependents on my BOKF Dependent Affidavit, or fail to take the necessary action to remove ineligible dependents or in any way obtain benefits to which I am not entitled, my benefits will be cancelled and my employment may be terminated. Further, I may be required to repay any claims which have been paid inappropriately and may face criminal investigation and prosecution.								
Employee Signature						Date		
Please return your signed affidavit along with the copies of the required documentation noted on page 2 of this affidavit to the BOKF Employee Resource Center within 10 days of hire.								

DEPENDENT DOCUMENTATION CHECKLIST

Refer to the list below for the documentation required to verify the eligibility of the dependent(s) you are enrolling. Please submit the ***Affidavit for Dependent Eligibility***, the applicable documents outlined below and your enrollment form to the Benefits Department or to the Employee Resource Center.

Note: The below documents are required for the dependents of the employee and/or the domestic partner.

Spouse		
<input type="checkbox"/>	<input type="checkbox"/>	Copy of official state marriage certificate
Biological child		
<input type="checkbox"/>	<input type="checkbox"/>	Copy of child's official state birth certificate
Adopted child		
<input type="checkbox"/>	<input type="checkbox"/>	Copy of adoption papers required; must indicate child's date of birth
<input type="checkbox"/>	<input type="checkbox"/>	Copy of child's official state birth certificate if available
Stepchild		
<input type="checkbox"/>	<input type="checkbox"/>	Copy of child's official state birth certificate (must name spouse as the child's parent)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of spouse's official state marriage certificate from previous marriage
Grandchild		
<input type="checkbox"/>	<input type="checkbox"/>	Copy of child's official state birth certificate
<input type="checkbox"/>	<input type="checkbox"/>	Copy of court ordered legal document, signed by a judge declaring guardianship as the court appointed legal custodian
Legal Ward, Testamentary or Court appointed guardianship		
<input type="checkbox"/>	<input type="checkbox"/>	Copy of dependent's official state birth certificate
<input type="checkbox"/>	<input type="checkbox"/>	Copy of legal ward/testamentary legal court document, signed by a judge
Child with a mental or physical incapacity that occurred prior to age 26		
<input type="checkbox"/>	<input type="checkbox"/>	Disability Certification Form (in addition to applicable documentation listed above)