

Dependent Verification Documentation Requirements Part-time Associates (US, HI, VI)

HOW DO I CERTIFY MY DEPENDENT(S)?

STEP 1: Review the dependent list enclosed and match each dependent to a dependent type listed in the “Eligibility Rules and Documentation Required” section.

STEP 2: For each dependent type you will find the eligibility rules and a list of document options required to verify that particular dependent type.

STEP 3: Once you have matched your dependent(s) type, gather all the necessary documents including The Home Depot Dependent Verification Cover Sheet with your signature and forward them to the Benefits Choice Center.

You may submit your documentation using any of these methods:

- Website Upload: Visit www.livetheorangelife.com and choose to access personal account information through Your Benefits Resources. Once you are logged in, click on the Dependent Certification link under Action Needed on the home page.
- Secure Fax: 1-877-965-9555
- Mail: Benefits Choice Center, P.O. Box 1401, Lincolnshire, IL 60069

Please note that faxing or uploading is encouraged to ensure your documents are received prior to the deadline.

If you have questions or need assistance please call the Benefits Choice Center at 1-800-555-4954 from 9 a.m. to 7 p.m. Eastern Time, Monday through Friday.

THINGS TO REMEMBER

- Send copies only and keep a copy for your records.
- Black out Social Security numbers, account numbers, financial information or monetary amounts appearing on any documents submitted.
- Sign and date The Home Depot Dependent Verification Cover Sheet. It must be completed and returned with your documentation to successfully verify your dependent(s).

**THE HOME DEPOT
DEPENDENT VERIFICATION COVER SHEET**

To: Benefits Choice Center Fax: 1-877-965-9555

Date: _____ Pages Included: _____

From: _____

Your signature is required below:

I certify that the information provided to confirm my dependent(s)' eligibility for coverage by The Home Depot plans is true and correct. I understand that any false statement, fraudulent document or withholding of information about my dependent(s)' eligibility may result in exclusion of me and my dependent(s) from the plan and/or disciplinary action as outlined in the Company's code of conduct.

Associate Signature

Date

This page must be completed and returned with your documentation to successfully verify your dependent(s).

ELIGIBILITY RULES AND DOCUMENTATION REQUIRED

Below are eligibility rules and documents required to prove your dependent(s)' eligibility. If you have a dependent who meets the eligibility rules in the Benefits Summary and the document options for verifying that dependent type are not listed below, please call the Benefits Choice Center at 1-800-555-4954 from 9 a.m. to 7 p.m. Eastern Time, Monday through Friday for assistance.

ID	Dependent Type	Age	Eligibility Requirements
BC	Biological Child	Birth to age 26	Your natural child through 12/31 in the year in which he/she turns 26 years of age.
<p>Document Options for Verifying Eligibility: Government Issued Birth Certificate* showing you as the parent</p> <p>*If you do not have a Government Issued Birth Certificate, a Paternity Test or Court Document listing you as the parent of the child are acceptable.</p>			
AC	Adopted Child	Birth to age 26	Your legally adopted child or child placed with you for adoption through 12/31 in the year in which he/she turns 26 years of age.
<p>Document Options for Verifying Eligibility: Adoption Certificate or Adoption Placement Agreement and Petition for Adoption showing you as the parent</p>			
SC	Stepchild (including Child of Domestic Partner)	Birth to age 26	<p>Your stepchild or your same-sex domestic partner's child through 12/31 in the year in which he/she turns 26 years of age.</p> <p>Your eligible same-sex domestic partner's dependents may be covered under the same plans that you enroll in, provided:</p> <ul style="list-style-type: none"> • they do not have health coverage available through a natural parents benefit program; • they are in the legal custody or guardianship of you or your same-sex domestic partner; • you or your same-sex domestic partner claims them on your federal income tax return; and • that enrollment in your current medical plan is permitted for the same-sex domestic partner
<p>Document Options for Verifying Eligibility: Government-Issued Birth Certificate showing your spouse as the parent and you must also provide proof of your relationship with the child's parent by providing a Government Issued Marriage Certificate showing your date of marriage and Proof of Joint Ownership issued within last 6 months – see legal spouse section for additional information</p> <p>OR Government-Issued Birth Certificate showing your same-sex domestic partner as the parent, Federal Tax Return issued within last 2 years listing the child as a dependent and you must also provide proof of your relationship with the child's parent by providing an Affidavit of Domestic Partnership and 2 Proofs of Joint Ownership – see same-sex domestic partner section for additional information</p>			

ID	Dependent Type	Age	Eligibility Requirements
LW	Legal Ward	Birth to age 26	A child for whom you, your spouse or your same-sex domestic partner have legal guardianship through 12/31 in the year in which he/she turns 26 years of age.

Document Options for Verifying Eligibility:

Government Issued Birth Certificate and Court Ordered Document of Legal Custody assigning you, your spouse, or same-sex domestic partner legal guardianship or custody of the child

LS	Legal Spouse	N/A	Your legal spouse, regardless of legal separation. Your legal spouse is a person of the same or opposite sex to whom you are married under state law.
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Document Options for Verifying Eligibility:

Government Issued Marriage Certificate showing your date of marriage and Proof of Joint Ownership* issued within last 6 months

OR

Government Issued Marriage Certificate showing your date of marriage (if married in last 12 months)

*Proof of Joint Ownership documents listing both individuals' names: Mortgage Statements, Credit Card Statements, Bank Statements, Residential Leasing Agreements or the first page of your prior year Federal Tax Return.

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ID	Dependent Type	Age	Eligibility Requirements
DP	Same-Sex Domestic Partner	Age 18 and over	<p>You may cover a same-sex domestic partner and his or her eligible dependents if you do not have a legal spouse. Your same-sex domestic partner must meet all of the following requirements:</p> <ul style="list-style-type: none"> • Is an adult who is of the same-sex as you; • Is at least age 18 or older; • Has not registered as a member of another domestic partnership within the past six months; • Is not in the relationship solely for the purpose of obtaining the benefits of coverage; • Is in an exclusive, mutually committed relationship with you and intends to continue the relationship indefinitely; • Has lived with you for at least six consecutive months and intends to do so indefinitely; • Is not related to you in a manner that would bar a legal marriage in the state in which you live; • Is not married or in a civil union or similarly recognized relationship with any one but you; <p style="padding-left: 20px;">and</p> <ul style="list-style-type: none"> • Shares with you the responsibility for common welfare and basic financial obligations on a continuing basis.

Document Options for Verifying Eligibility:

Affidavit of Domestic Partnership and 2 Proofs of Joint Ownership* issued within last 6 months

The Affidavit of Domestic Partnership is required to establish that your domestic partner meets the criteria for coverage. It is available by calling the Benefits Choice Center at 1-800-555-4954 or by visiting www.livetheorangelife.com to access general Information. Once you choose your employment type, choose the “Communications & Forms” tab and then “Dependent Verification.” You can also access the affidavit by visiting www.livetheorangelife.com and choosing to access personal account information through Your Benefits Resources. Once you are logged in, click on the Dependent Certification link under Action Needed on the home page.

*Proof of Joint Ownership documents listing both individuals' names: Mortgage Statements, Credit Card Statements, Bank Statements, Residential Leasing Agreements or the first page of your prior year Federal Tax Return.

The above benefit descriptions describe the plan(s) generally, and in summary form only. In the event of a conflict between what is stated in this document and the governing plan document(s), the plan document(s) will control.