

## DEPENDENT COVERAGE ON THE ROWAN COUNTY HEALTH PLAN

Rowan County is committed to implementing responsible measures to help control our health benefit plan costs. We want to make sure that we provide coverage for dependents eligible for the plan and that all of us, as plan participants, do not pay for dependents that are not eligible.

For employees wishing to add dependents to the health insurance plan, please read the information provided and follow the guidelines given in order to add coverage for a dependent spouse or child.



Full Name, Date of Birth and Social Security number must be provided at the time of request to add coverage. The only exception to this is for newborns, and their social security number should be provided to Human Resources as soon as received after birth (usually within 6 weeks).

Any spouse who is employed with medical benefits available to them through their employer (whether they are enrolled or not) are not eligible to be covered as a dependent on the Rowan County Health Plan. In order to cover a spouse, you must provide proof of marital status and employment status of spouse. Please be aware that recertification of spousal eligibility may be randomly requested at any time. If your spouse becomes eligible for coverage through their employer they are no longer eligible to be covered on the Rowan County Health Plan. You should contact Human Resources to remove your spouse from the plan. Failure to remove ineligible spouses from the Health Plan may subject the employee to disciplinary action up to and including termination as well as reimbursement to the County for any claims paid on the spouse and/or a reimbursement to the County for premiums subsidized by the County. Spouses found to be ineligible will be removed from the plan immediately.

Please review the attached pages for information on documentation that is required to prove dependent eligibility. For all documents submitted, please complete the document submission form and provide the documents to Human Resources using one of the methods listed on the form.

Documentation to support dependent eligibility must be received in the Human Resources Office **prior to** the effective date of coverage. **The enrollment can not be completed without this information, and without the requested documentation, coverage may be delayed or denied.**

# ROWAN COUNTY VERIFICATION DOCUMENTS

Dependent Category	Documents Required to Complete Dependent Verification	
<p><b>Legal Marriage</b></p> <p><b>Opposite Sex or Same Sex</b></p> <p><b>Marriages in 2015:</b> Send the Legal Marriage Certificate only.</p>	<p>Option 1 <b><u>Legal Marriage Certificate AND 2014 1040 Tax Form</u></b></p>  <p>Send a copy of your <u>Legal Marriage Certificate</u>.</p> <p><b>AND</b></p> <p>Send a copy of the first page of your 1040 federal income tax return showing a married filing status.</p> <ul style="list-style-type: none"> <li>If you file separately, send the first page of both your and your spouse's federal income tax return.</li> <li>Do not send itemized deductions schedules or W-2s.</li> </ul> <p><b>Black out any Social Security numbers, financial figures, or account numbers on documents you submit.</b></p>	<p>Option 2 <b><u>Legal Marriage Certificate AND One Joint Financial Documents</u></b></p>  <p>Send a copy of your <u>Legal Marriage Certificate</u>.</p> <p><b>AND</b></p> <p>Send a copy of <u>one current joint financial document showing you and your spouse at the same address</u>. Examples of joint financial documents include: mortgage statement, joint bank account, joint insurance statement (auto, homeowners, or renters), auto loan, personal loan, credit card, utility bill (except mobile phone bills). Documents must be dated within the past 60 days.</p> <p><b>Black out any Social Security numbers, financial figures, or account numbers on documents you submit.</b></p>

**Common Law Marriage**

**Option 1**  
**Declaration of Informal Marriage Certificate/State Affidavit of Common Law Marriage AND 2014 1040 Tax Form**



Send a copy of your Declaration of Informal Marriage Certificate or your State Affidavit of Common Law Marriage.

**AND**

Send a copy of the first page of your 1040 federal income tax return showing a married filing status.

- If you file separately, send the first page of both your and your spouse's federal income tax return.
- Do not send itemized deductions schedules or W-2s.

**Black out any Social Security numbers, financial figures, or account numbers on documents you submit.**

**Option 2**  
**Declaration of Informal Marriage Certificate/State Affidavit of Common Law Marriage AND One Joint Financial Document**



Send a copy of your Declaration of Informal Marriage Certificate or your State Affidavit of Common Law Marriage.

**AND**

Send a copy of one current joint financial document showing you and your spouse at the same address. Examples of joint financial documents include: mortgage statement, joint bank account, joint insurance statement (auto, homeowners, or renters), auto loan, personal loan, credit card, utility bill (except mobile phone bills). Documents must be dated within the past 60 days.

**Black out any Social Security numbers, financial figures, or account numbers on documents you submit.**

**Biological Child**

**Birth Certificate** is required for each biological child 6 months old or older. The birth certificate must be issued by the state, county, or other government body AND list the employee as a parent. Send a copy of the child's birth certificate.

**OR**

**Hospital Letter**

- If birth certificate is not available for a child under 6 months old, submit birth documentation on hospital letterhead indicating the birth date of the child or children, AND the names of the parent(s).

**OR**

**Court Order**

- If birth certificate is not available, a court order (such as a Qualified Medical Child Support Order, National Medical Support Notice or other court document) may be substituted.

**Adopted Child**

**Placement Papers OR Adoption Agreement OR Birth Certificate**

- Send a copy of the placement papers for a child placed with you for adoption (initial stage), or Official Court Adoption Agreement for an adopted child (mid-stage), or legal birth certificate (final stage).

**OR**

**Court Order**

- If birth certificate is not available, a court order (such as a Qualified Medical Child Support Order, National Medical Support Notice or other court document) may be substituted.

<p><b>Stepchild</b></p>	<p><b><u>Child's Birth Certificate</u></b></p> <ul style="list-style-type: none"> <li>Send a copy of the child's government-issued <u>birth certificate</u> showing that the child's parent is the employee's spouse.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <p><b><u>Legal Marriage Documents</u></b></p> <ul style="list-style-type: none"> <li>See notes in the Legal Marriage or Common Law Marriage sections for information about submitting these documents.</li> </ul>
<p><b>Other Child Type: Grandchild, Niece/Nephew, Brother/Sister, Other</b></p>	<p><b><u>Court Papers</u></b></p> <ul style="list-style-type: none"> <li>Court papers demonstrating <u>legal guardianship</u> or <u>custody</u>. Document must include the name(s) of the person(s) designated by the Court as the legal guardian(s)</li> </ul>
<p><b>Working Spouse, Not Eligible for Employer's Plan</b></p>	<p>If your otherwise eligible spouse does not have a health insurance plan available as a benefit of employment, you must submit a COPY of...</p> <ul style="list-style-type: none"> <li><b><u>Working Spouse Health Coverage Verification Form.</u></b> This must be completed by the Rowan County Government employee, his/her spouse, and the spouse's employer.</li> </ul>

# ROWAN COUNTY DOCUMENT SUBMISSION FORM

**TO**            **Dependent Eligibility Center**

FAX Number: 704-216-8202

E-MAIL: [Debbie.holshouser@rowancountync.gov](mailto:Debbie.holshouser@rowancountync.gov)

Interoffice Mail: Debbie Holshouser, Human Resources

Regular Mail: Rowan County Human Resources  
Attn: Debbie Holshouser  
130 W. Innes Street  
Salisbury, NC 28144

**RE**            **DEPENDENT VERIFICATION**

Employee Name: \_\_\_\_\_

Call-Back Phone Number: \_\_\_\_\_ Total Pages Sent: \_\_\_\_\_

**CONTENTS**            **Documents Submitted**

- ☐ Document 1 \_\_\_\_\_
- ☐ Document 2 \_\_\_\_\_
- ☐ Document 3 \_\_\_\_\_
- ☐ Document 4 \_\_\_\_\_
- ☐ Document 5 \_\_\_\_\_
- ☐ Document 6 \_\_\_\_\_
- ☐ Document 7 \_\_\_\_\_
- ☐ Document 8 \_\_\_\_\_

## Working Spouse Health Coverage Verification Form

### STEP 1 –EMPLOYEE OF [TBD] COMPLETES THIS SECTION

Your Name (print)		
Your Employee ID Number		
Your Non-Work Telephone Number		
Name of Spouse		
Employment Status of Spouse (Explain further, if necessary)	<input type="checkbox"/> Works Full-Time <input type="checkbox"/> Works Part-Time  <i>If you select any of the above, <b>go to Step 2.</b></i>	<input type="checkbox"/> Works at [TBD] <input type="checkbox"/> Self Employed (pays self-employment tax) <input type="checkbox"/> Not Employed (out of work, homemaker, student) <input type="checkbox"/> Permanently Disabled (receives Social Security) <input type="checkbox"/> Retired  <i>If you select any of the above, <b>skip to Step 3.</b></i>

### STEP 2 – EMPLOYER OF SPOUSE COMPLETES THIS SECTION

Spouses who have their own medical insurance plan through their own employment must be identified and reported to [TBD]. Thank you for your assistance.	Print Name _____ Title _____ Organization _____ Phone _____ Address _____ City, State, Zip Code _____  <p style="text-align: center;"><b><i>Affix your business card here.</i></b></p> <p style="text-align: center;"><i>Or provide your contact information if a business card is not available.</i></p>	
Employment Status of the Named [TBD] Employee's Spouse	<input type="checkbox"/> W-2 employee, full-time <input type="checkbox"/> W-2 employee, part-time <input type="checkbox"/> 1099 contract employee	
Benefit Eligibility Status of the Named [TBD] Employee's Spouse	<input type="checkbox"/> Spouse is enrolled in our medical insurance plan. <input type="checkbox"/> Spouse is eligible for, but not enrolled in, our medical plan. <input type="checkbox"/> Spouse declined coverage at last annual or special enrollment. <input type="checkbox"/> This organization does not offer a medical insurance plan. <input type="checkbox"/> Other _____	
I certify that the statements I made here are complete and accurate as of today's date.	Sign _____	Date _____

### STEP 3 – EMPLOYEE AND SPOUSE SIGN THIS DECLARATION OF ACCURACY

*We certify that the information provided in this document is complete and accurate as of today's date. We understand that any statements made on this form may be confirmed and verified by independent third-party researchers. We understand that the penalties for submitting inaccurate information may include the loss of spouse or same gender domestic partner coverage.*

Signature of Employee	Sign _____	Date _____
Signature of Spouse	Sign _____	Date _____

**Return this form with a business card from your spouse's employer prior to the expected effective date of coverage.**