

Affidavit of Eligible Spouse/Child Status

IU-Sponsored Health Care Plans

INSTRUCTIONS: This form is to be used in cases where the employee does not have possession of or access to any document that verifies a marriage or birth relationship to the employee, for example: when actual source documents have been destroyed by fire or other disaster. Unless there are extenuating circumstances, the University would not consider documents inaccessible when they are available through public agencies such as the courts or through a state health department.

Employee Information:

Employee Name (Last, First, MI): _____ 10-digit ID: _____

Campus: _____ Campus Phone: (____) _____ - _____ Department: _____

Spouse Information:

I attest that I do not have documentation in my possession, at home or elsewhere, to verify my relationship to the following individual; and that the individual listed below is (A) my spouse as recognized by a legally binding marriage as defined by Indiana law or as certified by the government in the foreign country of my marriage; and that this marriage has not been ended by divorce.

Name:	DOB	SSN*	Relationship
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*If your spouse is a foreign national who is not eligible for a Social Security Number due to a non-working visa, list their ITIN number. If they do not yet have an ITIN number, write the visa type (J2, F2, or H4) in the box to indicate that this person is not eligible for a Social Security Number. Report your spouse's ITIN number to Human Resources as soon as it is available.

U.S. State or Foreign Country in which the marriage was performed: _____

Is the marriage a legally recognized marriage in this State or Country: _____

The institution or entity that performed the marriage: _____

Dependent Child Information:

I attest that I do not have documentation in my possession, at home or elsewhere, to verify my relationship to the following individual; and that the individual listed below meets Indiana University's dependent eligibility requirements (listed in the following section) for coverage as my dependent.

Name:	DOB	SSN*	Relationship
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Explanation:

Documentation to verify the marriage or birth relationship of the above individuals to the employee is not available for the following reason:

(See reverse side for Eligibility Guidelines and Employee Signature)

Eligibility Guidelines:

Dependents that are eligible for medical and dental care coverage are:

- The employee’s spouse as defined by Indiana law; registered domestic partners* and/or
- Children who meet all of the following criteria:
 1. The child has one of the following relationships to the employee, spouse, or registered domestic partner:
 - A biological child; or
 - A lawfully adopted child; or
 - A stepchild of the employee; or
 - A child for whom the employee or spouse has been legally appointed sole guardian for an indefinite period of time; and
 2. The child is age 25 or under (eligibility ends at the end of the month in which the child reaches age 26), or qualifies for Disabled Child Eligibility.
- A child for whom the employee is legally required to provide health care coverage under a Qualified Medical Support Order, as defined by ERISA or an applicable Indiana state law.
- When an adoption is in the legal process, coverage for such child may begin from the point the child is placed with the employee (granted custody) for the purpose of adoption.
- Proof that an individual is a qualified dependent (marriage or birth certificate, guardianship orders, as applicable) is required at the time of initial enrollment and periodically thereafter. Failure to provide proof of dependent eligibility within 30 days of the university’s written request for such proof may result in termination of health plan coverage.

*The IRS does not recognize the employee’s domestic partners and children for preferential tax treatment. Domestic partners and their tax-exempt children are eligible for IU-sponsored coverage, but the value of benefits provided to these individuals is added to the employee’s taxable income, unless they can also be claimed as a tax exemption by the employee.

Employee Certification:

By signing this form you are certifying that:

- you have read and understand the University’s health plan eligibility guidelines;
- that the above listed spouse is your legal spouse as defined by the State of Indiana or by the government of the foreign country in which the marriage took place, and has not been ended by divorce;
- that the information supplied on this form is true and complete and that any false information or statements made on this form will be grounds for IU to void your coverage and/or terminate your employment;
- you understand your responsibility to notify the University in writing within 30 days of a divorce from your spouse (a spouse is ineligible for health plan coverage as of the date of the divorce); likewise provide notice that a child is no longer your dependent.
- you understand that enrolling an individual that is not your legal spouse/child or failing to provide notice of ineligibility can result in retroactive termination of health care coverage for you and the enrolled spouse (coverage will end on the date the spouse or child was no longer eligible regardless of when notice was given to the University); and
- that such retroactive termination will result in liability on your part for any claim or premium costs paid by the health Plan retroactive to the date the individual was ineligible for coverage.

Employee Signature: _____ Date: ____/____/____

Complete and return form to:
University Human Resource Services
Records and Benefits
Poplars E65
IU Bloomington
812.855.3409 (fax)