PUTTING the PIECES TOGETHER

EBD Required Forms and Documentation to Verify Dependent Eligibility

PUTTING the PIECES TOGETHER

PUTTING the PIECES TOGETHER

Dependent Verification Documentation

REQUIRED DOCUMENTATION FOR DEPENDENTS

You are required to submit verifying documentation for each dependent you wish to enroll for coverage. Coverage for your dependent(s) is contingent upon receipt of all required documentation. Should all required documentation not be provided by the stated deadlines, coverage may be terminated and claims payment denied. The following chart lists the documents you must submit to cover an eligible dependent. Photocopies are acceptable provided any seal or official certification can be clearly seen. An official translator other than the employee/retiree or spouse (available at any college or university) must translate foreign documents into English. The translated document must be signed by the translator and notarized.

Required Documentation for Dependents

- No changes from last year in required documentation
- Grandchildren, Legal Wards and Other Child Relatives MUST be the member's tax dependent in order to be eligible.
- Legal Wards must be under permanent guardianship, temporary guardianship is not accepted.

REQUIRED DOCUMENTATION FOR DEPENDENTS

You are required to submit verifying documentation for each dependent you wish to enroll for coverage. Coverage for your dependent(s) is contingent upon receipt of all required documentation. Should all required documentation not be provided by the stated deadlines, coverage may be terminated and claims payment denied. The following chart lists the documents you must submit to cover an eligible dependent. Photocopies are acceptable provided any seal or official certification can be clearly seen. An official translator other than the employee/retiree or spouse (available at any college or university) must translate foreign documents into English. The translated document must be signed by the translator and notarized.

Dependent Relationship	
Spouse - Opposite Sex/ Same Sex	• Lav em as r of t in a ma
Same Sex Domestic Partner	• Sar • At • No blo deg civi • No in a and • In a at l • Fin • Sha res

** This form can be downloaded at ww

BENEFITS OVERVIEW

Dependent Relationship	Eligibility Criteria	Required Documentation
Children • Biological Child • Adopted Child • Step-child • Grandchild* • Legal ward*, Testamentary, or Court appointed guardian (not temporary for less than 12 months) • Step-grandchild or other dependent child relatives* • Child with a mental or physical incapacity incurred prior to age 26	• Under age 26 • Except for grandchildren and legal wards, no requirement to reside in your home • May be eligible for coverage under own employer • May be married or unmarried, or; • Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26	• **Affidavit for Dependent Eligibility** and** **Biological Child** • Copy of child's official state birth certificate **Adopted Child** • Pending Adoption: Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption • Final Adoption: Copy of final adoption decree signed by a judge or a State-issued birth certificate showing employee/retiree as the parent **Step-child** • Copy of child's official state birth certificate with name of spouse of employee/retiree as child's parent • Copy of employee/retiree's official state marriage certificate **Legal Ward, Testamentary, or Court appointed guardian (not temporary for less than 12 months)** • Copy of dependent's official state birth certificate • Copy of Legal Ward/Testamentary court document, signed by a judge **Grandchild, Step-grandchild or other dependent child relatives** • Copy of child's official state birth certificate • Proof of relation by blood or by marriage • Proof of permanent residency (one of the following): - Valid driver's license; - State-issued identification card; - School records certifying Dependent's address; - Day care records certifying Dependent's address; or - Tax documents certifying address with child's name on document • Sole Support Affirmation **Child with mental or physical incapacity incurred prior to age 26** • Copy of child's disability certification form in addition to applicable documentation above
Same Sex Domestic Partner's Children Same as Children section above	Same as Children section above	• Documentation to establish existence of domestic partnership (see page 13) • Affidavit for Dependent Eligibility** (one for Domestic Partner and one for Domestic Partner's child) • All the same documents (above) that are required for a dependent child of an employee/retiree establishing the relationship between the dependent child and the domestic partner
Medical Child Support Order		• Copy of court order requiring Employee/Retiree to provide support and health coverage, signed by the child support officer or judge

* Please refer to the "July 2012-June 2013 Premium Rates" document at www.dbm.maryland.gov/benefits for important tax information when covering these dependents who are age 25 and not disabled.

** This form can be downloaded at www.dbm.maryland.gov/benefits.

New Dependent Eligibility and Tax Status Forms

- Gives members a basic overview of tax favored and non tax favored rules
- Obtains Member and Dependent Information
- Asks for the relationship of the dependent
- Has member affirm that the information provided is true and correct.

MARYLAND

Affidavit for Dependent Eligibility and Tax Status

Things to consider regarding dependent tax status:

- Employer-provided health care coverage for employees, spouses and certain other family members is exempt from federal income and employment taxes, and in most states, state taxes. However, family members must meet various criteria for these tax advantages to apply.
- Federal law determines the circumstances under which health benefits coverage for the dependent of an employee is eligible for tax favored treatment. If eligible for tax favored treatment, payroll deductions for benefits are taken on a pre-tax basis (deducted from pay before taxes are assessed and withheld).
- Retiree health benefit coverage is always paid on a post-tax basis, whether deducted from pension earnings or paid by the retiree via coupon.
- When coverage is provided for dependents that are not eligible for pre-tax coverage, the employee contribution for that dependent's coverage must be made on a post-tax basis. In addition, the employer subsidy for that coverage becomes taxable income (imputed income) for the employee. The Benefits Guide describes imputed income in more detail.

There are two tools presented to help you determine if your dependents qualify for tax-free coverage. Both tools contain the same information, but are provided in different formats so you can choose the format better suited for you. Please see below for a Checklist and a Flowchart.

Name of Employee/Retiree: _____

Employee/Retiree SSN: _____

Name of Dependent: _____

Dependent Date of Birth: _____ Dependent SSN: _____

Dependent Relationship (please check the applicable box(es)):

CHILD

Child is Employee/Retiree's dependent ☐
Child is dependent of same sex domestic partner ☐
☐ Biological child
☐ Adopted child or child placed with me for adoption
☐ Stepchild
☐ Grandchild*
☐ Legal Ward, Testamentary, or Court Appointed Guardianship*
☐ Other Dependent Child Relative*

SPOUSE / DOMESTIC PARTNER

☐ Legally married spouse of the opposite sex
☐ Legally married spouse of the same sex
☐ Same sex domestic partner

* I certify by my initials here and signature below that this child is supported solely by me, and is my tax-dependent _____.

I solemnly affirm under the penalties of perjury under applicable state laws that the foregoing is true and accurate. I understand that willful falsification of information contained in this Affidavit can result in referral of the matter for investigation and prosecution, the termination of enrollment and coverage of the person identified as my dependent, and the termination of coverage for myself (the employee/retiree). I understand that a civil action may be brought against me for any losses, including reasonable attorney fees because of a false statement contained in this Affidavit. In addition, where permissible, employment related action may be taken against an active employee.

I further agree that if this dependent's status changes, I will notify my Agency Benefit Coordinator or the Employee Benefits Division immediately to remove this dependent from my coverage. I also agree to provide the required documentation as outlined on the Documentation Checklist which substantiates the information above.

Employee/Retiree Signature: _____ Date: _____

New Dependent Eligibility and Tax Status Forms

- Provides a "checklist" tool for a member to determine if the dependent they are adding is eligible for pre-tax benefits.
- Employees should check the boxes that apply to the dependent in question.
- Must meet ALL boxes of at least one Test in order to have pre-tax coverage.

CHECKLIST:

Which Family Members Can Get Tax-Free Coverage?

INSTRUCTIONS: Read each statement and place a check mark in the boxes that are true statements regarding this dependent. If you cannot check ALL of the boxes under a test, then move to the next test. Initial here to indicate the answers you have provided are true: _____

Opposite Sex Spouse
Coverage is tax-free and contributions can be pretax if the person you're covering is:
☐ your opposite-sex spouse.

Test 1 – Child
Coverage is tax-free and contributions can be pretax if the person you're covering is:
☐ Under age 26,
AND
☐ Your child by birth or adoption, or ☐ Your stepchild.

Test 2 – Same Sex Domestic Partner or Same Sex Spouse
Coverage is tax-free and contributions can be pretax if the person you're covering is:
☐ Someone for whom you claim an exemption on your federal taxes (If you're unsure, refer to IRS publications 501 and 17 to see if you can claim this person as an exemption). You will be required to submit a copy of both your and your partner/spouse's most recent federal tax return showing your partner/spouse as your dependent.

Test 3 – Child dependent who doesn't satisfy Test 1 or 2
Coverage is tax-free and contributions can be pretax if you check ALL SEVEN boxes below as true:
☐ This person is any one of the following:
a. Your child by birth or adoption or your stepchild.
b. A descendant of someone in A.
☐ This person lives with you for more than half the year.
☐ This person is one of the following:
a. A US Citizen, national or resident.
b. A Resident of Canada or Mexico.
c. A child being adopted by a US Citizen or national whose household the child shares.
☐ This person does not provide more than half of his/her support through the year.
☐ This person is one of the following:
a. Age 18 or younger for the entire calendar year.
b. Age 23 or younger and a full-time student for the entire calendar year.
c. Totally and permanently disabled at any time during the calendar year (regardless of age).
☐ This person is younger than you (unless totally and permanently disabled).
☐ This person is unmarried (or has not filed a joint return with a spouse for the year, except to claim a refund).

Test 4 – Child dependent or other person not satisfying Test 1, 2, or 3
Coverage is tax-free and contributions can be pretax if you check ALL FOUR boxes below as true:
☐ This person is under the age of 26 and is any one of the following:
a. your relative.
b. unrelated to you but lives with you for the entire calendar year as a member of your household and the relationship isn't in violation of local law.
☐ You provide more than half of this person's support during the calendar year.
☐ This person is one of the following:
a. A US Citizen, national or resident.
b. A Resident of Canada or Mexico.
c. A child being adopted by a US citizen or national whose household the child shares.
☐ This person is either one of the two below:
a. Cannot be claimed as any other taxpayer's qualifying child dependent.
b. Can be claimed as another taxpayer's qualifying child dependent, but that taxpayer isn't required to file a federal tax return and doesn't do so (or only files to get a refund of previously withheld income taxes).

If your dependent does not meet the standards of any of the tests above, your deductions will be withheld on a post-tax basis and you will be taxed on the value of the employer contribution toward your dependent's coverage (imputed income).

New Dependent Eligibility and Tax Status Forms

- All documents needed for all eligible dependents under our plans are included on this one checklist.
- We truly hope this makes yourlife easier – No more gathering a different document depending on the dependent's relationship to the member --- You just ask "How many dependents are you enrolling?" and hand them that many copies of this form.

DEPENDENT DOCUMENTATION CHECKLIST:

INSTRUCTIONS: In addition to completing the Checklist or Flowchart above, you must supply documentation supporting your relationship (or your spouse or domestic partner's relationship) to your dependent. Review the checklist below for the type (relationship) of dependent you are adding and supply ALL indicated documents with your enrollment. For details on the necessary documents, review the "Required Documentation for Dependents" section of your Benefit Guide.

Legally married, opposite sex spouse or same sex spouse	
	Copy of Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official such as the Clerk of the Court).
Same sex Domestic Partner	
	Dually signed Affidavit of Domestic Partnership
	Notarized validation of signed Affidavit of Domestic Partnership
	Document to verify common primary residence
	Document to verify financial interdependence for previous 12 months
Biological child of employee/retiree or domestic partner	
	Copy of the child's official state birth certificate documenting lineage
	Newborns only: a copy of the crib card or hospital discharge papers if birth certificate is not yet available
Adopted child or child placed with you for adoption	
	Completed adoptions: Copy of adoption papers signed by a judge
	Pending adoptions: Notice of placement for adoption from adoption agency, or copy of court order placing child pending final adoption
	Copy of child's official state birth certificate (if available)
Stepchild	
	Copy of the child's official state birth certificate documenting lineage
	Copy of official state marriage certificate for employee/retiree and spouse
Grandchild	
	Copy of child's official state birth certificate documenting lineage
	Copy of child's parent's official state birth certificate documenting lineage
	Proof of permanent residency
Legal Ward, Testamentary, or Court appointed Guardianship (not temporary for less than 12 months)	
	Copy of child's official state birth certificate
	Copy of court documents signed by a judge
Step-Grandchild or other dependent child relative	
	Copy of child's official state birth certificate
	Proof of relation (marriage certificates, birth certificates of any/all related parties)
	Proof of permanent residency
Child with a physical or mental incapacity that occurred prior to reaching age 26	
	Disability certification form (in addition to documentation listed above depending on relationship)

Qualifying Life Status Changes

- The only way to make changes mid-year to elections made (or not made) during Open Enrollment, is to experience a Qualified Life Status Change.
- Status Changes MUST coincide with the event necessitating the change.

QUALIFYING STATUS CHANGES

Regardless of how you pay for your coverage (by automatic deduction from your paycheck or retirement allowance or with payment coupons), the State uses the same rules to permit changes outside of Open Enrollment for all enrollees. IRS regulations for cafeteria plans strictly govern when and how benefits election changes can be made.

You are only permitted to make changes to your coverage during the Open Enrollment period each year. The coverage you elect during Open Enrollment will be in place July 1 to June 30. However, there are some changes in status that permit you to make limited changes during the plan year. Examples of qualifying changes in status include:

- Birth or adoption/placement for adoption of a child;
- Death of a dependent;
- Marriage or divorce;
- Dissolution of a domestic partnership;
- You or your dependent child's loss of SCHIP/ Medicaid/Medical Assistance coverage;
- You or your dependent gain access to a SCHIP/ Medicaid subsidy based on your residence in another state;
- Loss of other coverage, such as if coverage under your spouse's employment ends or your child ceases to be eligible;
- Gaining eligibility for Medicare (for retirees); or
- Changes in your other coverage which has a different plan year.

You have 60 days from the date of the qualifying change in status to submit an enrollment form and supporting documentation making changes to your benefits. Any changes submitted after 60 days of the qualifying change in status cannot be accepted, and you will have to wait until the next Open Enrollment period to make the desired change.

NOTE: Documentation supporting a qualifying event must be submitted with the enrollment form. For example, requesting to cancel benefits due to obtaining other coverage requires a letter from the employer or insurance provider on company letterhead. The letter must identify all benefits (i.e. medical, dental, life insurance, etc.) for which the person is enrolled, the names of dependents covered and the effective date of the new coverage.

If you decline to enroll yourself or a dependent because of other coverage, you may be able to enroll in the future if you or your dependent(s) lose that other coverage.

REMOVING DEPENDENTS WHO LOSE ELIGIBILITY

It is your responsibility to submit an enrollment form to remove any dependent as soon as he/she loses eligibility. If you fail to remove the ineligible dependent within 60 days from the date of ineligibility, you will be required to pay the full insurance premium including the State subsidy from the date he/she became ineligible until the date removed. You may face disciplinary action, termination of employment, and/or criminal prosecution for continuing to cover dependents who no longer meet the definition of an eligible dependent noted on pages 13 and 14. In most cases, dependents who lose eligibility are entitled to COBRA/Continuation Coverage for a limited time, which is not subsidized by the State. Please see the COBRA/Continuation of Coverage section for more information.

Ex-Spouse

If you are obligated to continue coverage for a former spouse by terms of the divorce, that coverage can be provided **for a limited time** under COBRA and Maryland law. If COBRA is selected, the ex-spouse will have his/her own account and will be responsible for paying premiums directly. COBRA coverage is not subsidized by the State.

FOR MORE INFORMATION about enrollment and changes outside of Open Enrollment, contact:
- **Your Agency Benefits Coordinator, if you are an active or Satellite employee; or**
- **The Employee Benefits Division, if you are a retiree or Direct Pay enrollee.**
- **For additional information regarding qualifying events, go to www.irs.gov.**

Removing Dependents and Mid-Year Change Instructions

- It is the MEMBER's responsibility to remove dependents who lose eligibility during the plan year within 60 days of the life status change that results in loss of eligibility.

Zero Balance Retros have been eliminated for newborns.

To Remove an Eligible Dependent outside of Open Enrollment*

Dependent Relationship	Required Documentation
Spouse - Opposite Sex/Same Sex	• Final limited divorce decree (must be signed by a judge); or • Final divorce decree (must be signed by a judge)
Same Sex Domestic Partner	• An affidavit signed by the employee/retiree attesting to the permanent dissolution of the domestic partner relationship; • Proof of the termination of shared common primary residence; and • Proof of the termination of financial interdependence
Children	• Documents to establish the loss of eligibility of the dependent child such as marriage certificate, proof of other coverage, etc.
Same Sex Domestic Partner's Children	• Documents listed above to remove a domestic partner if partnership is ending, and; • Documents to establish the loss of eligibility of the dependent child of your domestic partner such as marriage certificate, proof of other coverage, etc.

* No documentation is required when removing a dependent from coverage during Open Enrollment.

INSTRUCTIONS ON HOW TO MAKE MID-YEAR CHANGES

BENEFITS OVERVIEW

If You...	Then...
Are rehired or transferred to another state agency within 30 days following termination from previous agency	You will automatically be enrolled into the same elections you had previously upon rehire or transfer.
Are an active State employee enrolling for the first time	You must submit an enrollment form and dependent verification documentation within 60 days of your hire date. Enrollment forms will not be accepted after 60 days. The Agency Benefits Coordinator must sign the enrollment form and check the accuracy of the dependent verification documentation before forwarding to the Employee Benefits Division. If you want coverage to begin on your date of hire, you must contact your Agency Benefits Coordinator within 30 days after receiving your first payroll deduction for benefits to request a retroactive adjustment and pay your portion of the back premiums on a post-tax basis.
Are enrolling as a new retiree	You must submit an enrollment form within 60 days of your retirement date. (If your retirement date is retroactive, you must submit an enrollment form within 60 days of receiving your first retirement allowance.) Submit the enrollment form and the required documentation to the Employee Benefits Division. You will receive a retroactive adjustment letter from the Employee Benefits Division regarding how to pay any missed premiums between your retirement date and the period covered by your first retiree premium deduction.
Are an active employee or retiree making a mid-year change in coverage	You must submit an enrollment form and applicable documentation verifying the qualifying change in status within 60 days of the event. Active employees must submit their enrollment form to their Agency Benefits Coordinator. The Agency Benefits Coordinator must sign the enrollment form. Retirees must submit their form to the Employee Benefits Division, along with the required documentation.
Experience a qualifying event	In order for your qualifying event to be effective on the earliest effective date following the date of qualifying event, you must request a retroactive adjustment. A newborn's effective date may go back to the date of birth. Even if the qualifying event does not change your coverage levels, a zero-balance retroactive adjustment is still required. For newborns, no retroactive adjustment is required if employee already has family coverage. Your request for a retroactive adjustment must be submitted within 30 days of the first premium deduction reflecting the change or, if there is no change in coverage level, within 30 days of the date on the Summary Statement of Benefits reflecting the change. Active employees must contact their Agency Benefits Coordinator. Retirees must contact the Employee Benefits Division. **Only the Employee Benefits Division has authority to modify your requested changes to your health benefits. Flexible Spending Accounts cannot be made effective retroactively.**
Have a newborn child that you want to add to your health benefits	You must add your child within 60 days from the date of birth. If a newborn is not added within 60 days of birth, you must wait until the next Open Enrollment period to enroll the child. You must submit an enrollment form along with temporary documentation of the child's birth (such as hospital discharge papers, copy of the child's hospital I.D. bracelet, or footprints). A retroactive adjustment form and payment must also be submitted unless you already have family coverage. An official State birth certificate and the child's social security number must be submitted within 60 days of the date of receipt of the temporary documentation. Active employees with questions should contact their Agency Benefits Coordinator. All other enrollees should contact the Employee Benefits Division for assistance.
Need to remove an ineligible dependent (e.g., divorced spouse, child no longer eligible, etc.)	You must notify the Employee Benefits Division in writing through an enrollment form signed by your Agency Benefit Coordinator. (Retirees must notify the Employee Benefits Division directly.) You must include all necessary documentation with your notification. If you do not remove an ineligible dependent within 60 days of the loss of eligibility, you will be responsible for the total premium cost for coverage of the ineligible dependent, regardless of whether claims were submitted or paid. In addition, keeping an ineligible dependent on your coverage may result in disciplinary action, termination of employment, and/or criminal prosecution. Satellite agency employees must notify their Agency Benefit Coordinator.

Official Dependent Eligibility Documentation*

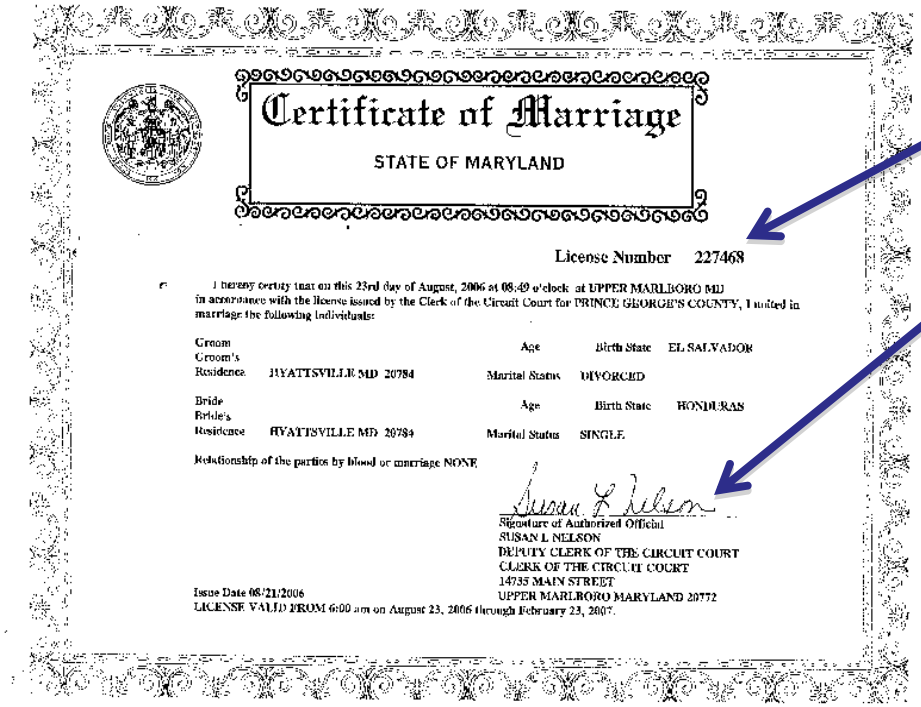
- EBD will only accept official documents.
  - Copies of official documents are accepted
  - Only exception: newborns
- Foreign documents must be translated and notarized.

Spouse – Opposite Sex/Same Sex

Dependent Relationship	Eligibility Criteria	Required Documentation
Spouse - Opposite Sex/ Same Sex	• Lawfully married to an employee or retired employee as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal	• Affidavit for Dependent Eligibility** • Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official, such as the Clerk of Court): - From the court in the County or City in which the marriage took place; or - From the Maryland Division of Vital Records for marriages that occurred at least six months prior to enrollment; or - From the Department of Health and Mental Hygiene (DHMH) website: **www.dhmh.maryland.gov** (click Online Services) – also **www.vitalchek.com**

Key Point: Marriage certificates that are not certified, such as those signed only by the a pastor, priest or rabbi are **not** acceptable.

Official State Marriage Certificate



Certificate of Marriage

STATE OF MARYLAND

License Number 227468

I hereby certify that on this 23rd day of August, 2006 at 08:49 o'clock at UPPER MARLBORO MD in accordance with the license issued by the Clerk of the Circuit Court for PRINCE GEORGE'S COUNTY, I united in marriage the following individuals:

Groom — Age — Birth State EL SALVADOR
Groom's Residence HYATTSVILLE MD 20784 — Marital Status DIVORCED

Bride — Age — Birth State HONDURAS
Bride's Residence HYATTSVILLE MD 20784 — Marital Status SINGLE

Relationship of the parties by blood or marriage NONE

Signature of Authorized Official
SUSAN L NELSON
DEPUTY CLERK OF THE CIRCUIT COURT
CLERK OF THE CIRCUIT COURT
14735 MAIN STREET
UPPER MARLBORO MARYLAND 20772

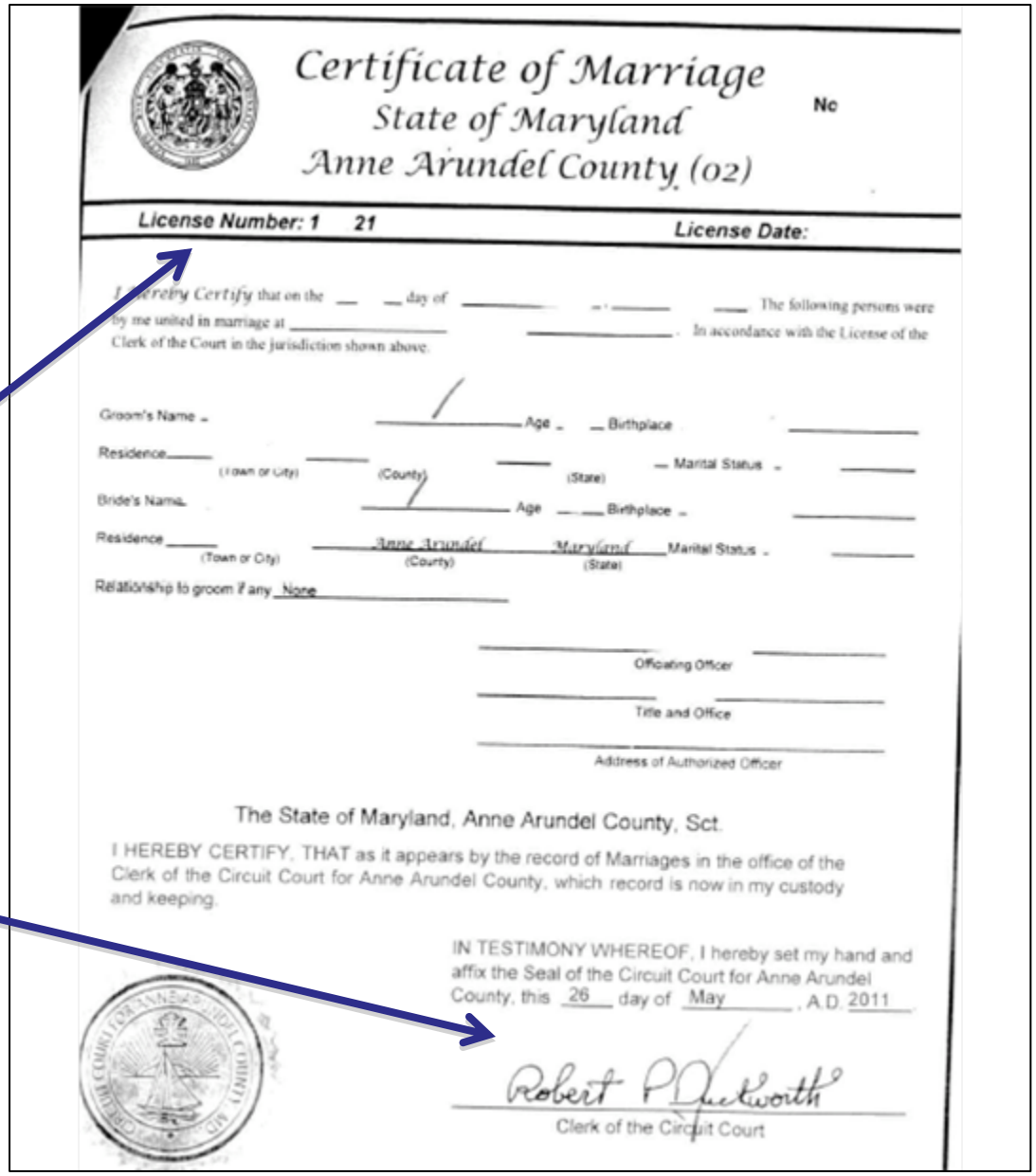
Issue Date 08/21/2006
LICENSE VALID FROM 6:00 am on August 23, 2006 through February 23, 2007.

- Shows the License Number.
- Signed by the Deputy Clerk of the Circuit Court.

PUTTING the PIECES TOGETHER

Official County Marriage Certificate

- Shows the License Number.
- Signed by the Deputy Clerk of the Circuit Court.



Certificate of Marriage
State of Maryland
Anne Arundel County (02)

No

License Number: 1 21

License Date:

I Hereby Certify that on the ___ day of ___ The following persons were by me united in marriage at ___ In accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ___ Age ___ Birthplace ___

Residence ___ (Town or City) ___ (County) ___ (State) ___ Marital Status ___

Bride's Name ___ Age ___ Birthplace ___

Residence ___ (Town or City) Anne Arundel (County) Maryland (State) Marital Status ___

Relationship to groom if any None

Officiating Officer

Title and Office

Address of Authorized Officer

The State of Maryland, Anne Arundel County, Sct.

I HEREBY CERTIFY, THAT as it appears by the record of Marriages in the office of the Clerk of the Circuit Court for Anne Arundel County, which record is now in my custody and keeping.

IN TESTIMONY WHEREOF, I hereby set my hand and affix the Seal of the Circuit Court for Anne Arundel County, this 26 day of May, A.D. 2011

Robert P Duckworth

Clerk of the Circuit Court

Unacceptable Marriage Certificate

International Christian Fellowship

Marriage Certificate

Because God is the source of all true love and because he has converted our love into the holy estate of marriage, it is with dependence on the grace of God that I

[redacted]

and I,

[redacted]

have entered into the covenant of marriage on Saturday, August 19, 2006
May God grant us his blessing on our marriage. It is with dependence on his grace that we pledge our faithfulness to each other in the presence of

Minister [illegible] Date 8/19/2006

- Signed only by the minister.
- Not certified

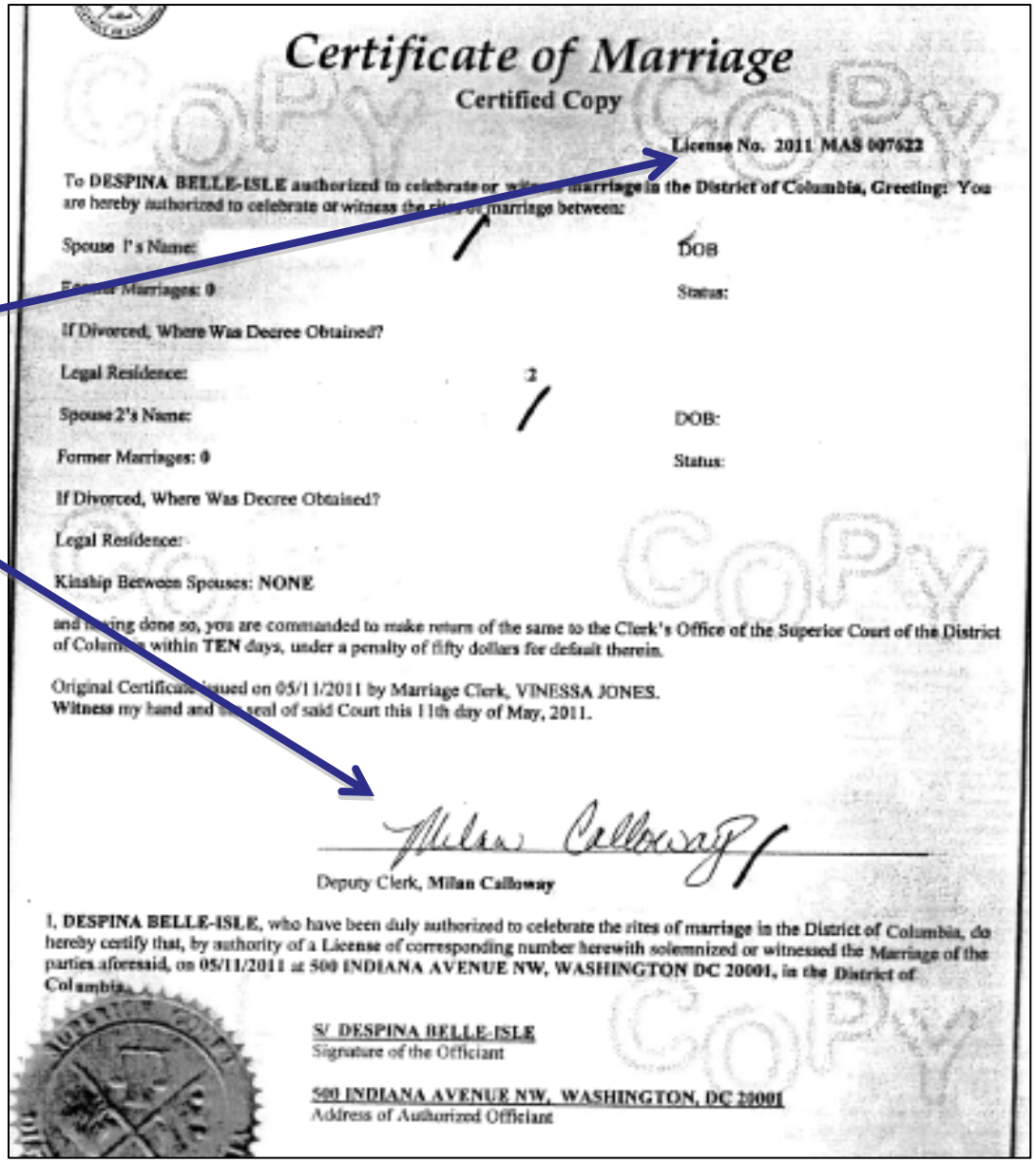
Same Sex Domestic Partner

Same Sex Domestic Partner	• Same gender • At least 18 yrs old • Not related to each other by blood or marriage within four degrees of consanguinity under civil law rule • Not married, in a civil union or in a domestic partnership with another individual • In a committed relationship for at least 12 consecutive months • Financial interdependency • Share a common primary residence	• Affidavit for Dependent Eligibility** • Documentation to verify a common primary residence **(one of the following):** - Common ownership of the primary residence via joint deed or mortgage agreement ; - Common leasehold interest in the primary residence; - Copies of both individual's driver's licenses or State-issued identification listing a common address; or - Utility or other household bill with both the name of the insured and the name of the domestic partner appearing • Documentation to verify financial interdependence between domestic partners **(one of the following):** - Joint bank account or credit account; - Designation as the primary beneficiary for life insurance or retirement benefits of the domestic partner; - Designation as primary beneficiary under the domestic partner's will; - Mutual assignments of valid durable powers of attorney; - Mutual valid written advanced directives approving the other domestic partner as health care agent; - Joint ownership or holding of investments; or - Joint ownership or lease of a motor vehicle

- Financial interdependence documentation must document 12 consecutive months.
- Common residency documentation is not required to show any timeframe.

Same Sex Certificate of Marriage

- Shows the License Number.
- Signed by the Deputy Clerk of the Circuit Court.



Certificate of Marriage

Certified Copy

License No. 2011 MAS 007622

To DESPINA BELLE-ISLE authorized to celebrate or witness marriage in the District of Columbia, Greeting: You are hereby authorized to celebrate or witness the rites of marriage between:

Spouse 1's Name: DOB

Former Marriages: 0 Status:

If Divorced, Where Was Decree Obtained?

Legal Residence:

Spouse 2's Name: DOB:

Former Marriages: 0 Status:

If Divorced, Where Was Decree Obtained?

Legal Residence:

Kinship Between Spouses: NONE

and having done so, you are commanded to make return of the same to the Clerk's Office of the Superior Court of the District of Columbia within TEN days, under a penalty of fifty dollars for default therein.

Original Certificate issued on 05/11/2011 by Marriage Clerk, VINESSA JONES.
Witness my hand and the seal of said Court this 11th day of May, 2011.

Deputy Clerk, Milan Calloway

I, DESPINA BELLE-ISLE, who have been duly authorized to celebrate the rites of marriage in the District of Columbia, do hereby certify that, by authority of a License of corresponding number herewith solemnized or witnessed the Marriage of the parties aforesaid, on 05/11/2011 at 500 INDIANA AVENUE NW, WASHINGTON DC 20001, in the District of Columbia.

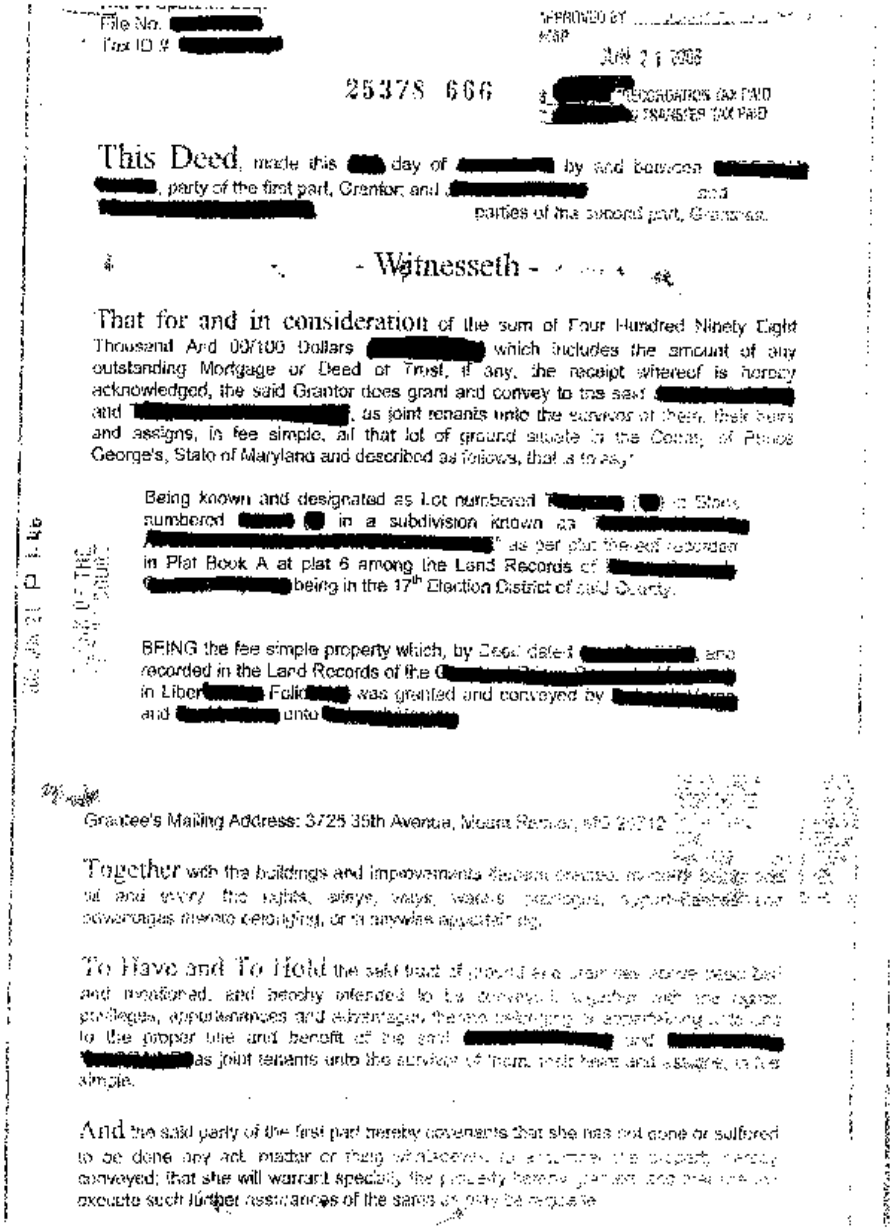
S/ DESPINA BELLE-ISLE
Signature of the Officiant

500 INDIANA AVENUE NW, WASHINGTON, DC 20001
Address of Authorized Officiant

PUTTING the PIECES TOGETHER

Same Sex Domestic Partner Documentation

- Common Residency:
  - Deed or Mortgage
  - Lease
  - Common addresses on Driver's License
  - Utility bill displaying both names
- Common Financial Interdependency:
  - Joint bank or credit card account
  - Power of Attorney
  - Joint Ownership/lease of motor vehicle
  - Joint Ownership of Investments



File No. [redacted]
Tax ID # [redacted]

APPROVED BY [illegible]
MSP
JUN 21 2008

25378 666

[redacted] RECORDATION TAX PAID
[redacted] TRANSFER TAX PAID

This Deed, made this [redacted] day of [redacted] by and between [redacted], party of the first part, Grantor; and [redacted] and [redacted] parties of the second part, Grantees.

- Witnesseth -

That for and in consideration of the sum of Four Hundred Ninety Eight Thousand And 00/100 Dollars [redacted] which includes the amount of any outstanding Mortgage or Deed of Trust, if any, the receipt whereof is hereby acknowledged, the said Grantor does grant and convey to the said [redacted] and [redacted], as joint tenants unto the survivor of them, their heirs and assigns, in fee simple, all that lot of ground situate in the County of Prince George's, State of Maryland and described as follows, that is to say:

Being known and designated as Lot numbered [redacted] in Block numbered [redacted] in a subdivision known as [redacted]" as per plat thereof recorded in Plat Book A at plat 6 among the Land Records of [redacted] being in the 17th Election District of said County.

BEING the fee simple property which, by Deed dated [redacted], and recorded in the Land Records of the [redacted] in Liber[redacted] Folio[redacted] was granted and conveyed by [redacted] and [redacted] unto [redacted]

Grantee's Mailing Address: 3725 35th Avenue, Mount Rainier, MD 20712

Together with the buildings and improvements thereon erected, [illegible] all and every the rights, alleys, ways, waters, privileges, [illegible] advantages thereto belonging, or in anywise appertaining.

To Have and To Hold the said tract of ground and premises above described and mentioned, and hereby intended to be conveyed, together with the rights, privileges, appurtenances and advantages thereto belonging or appertaining unto and to the proper title and benefit of the said [redacted] and [redacted] as joint tenants unto the survivor of them, their heirs and assigns, in fee simple.

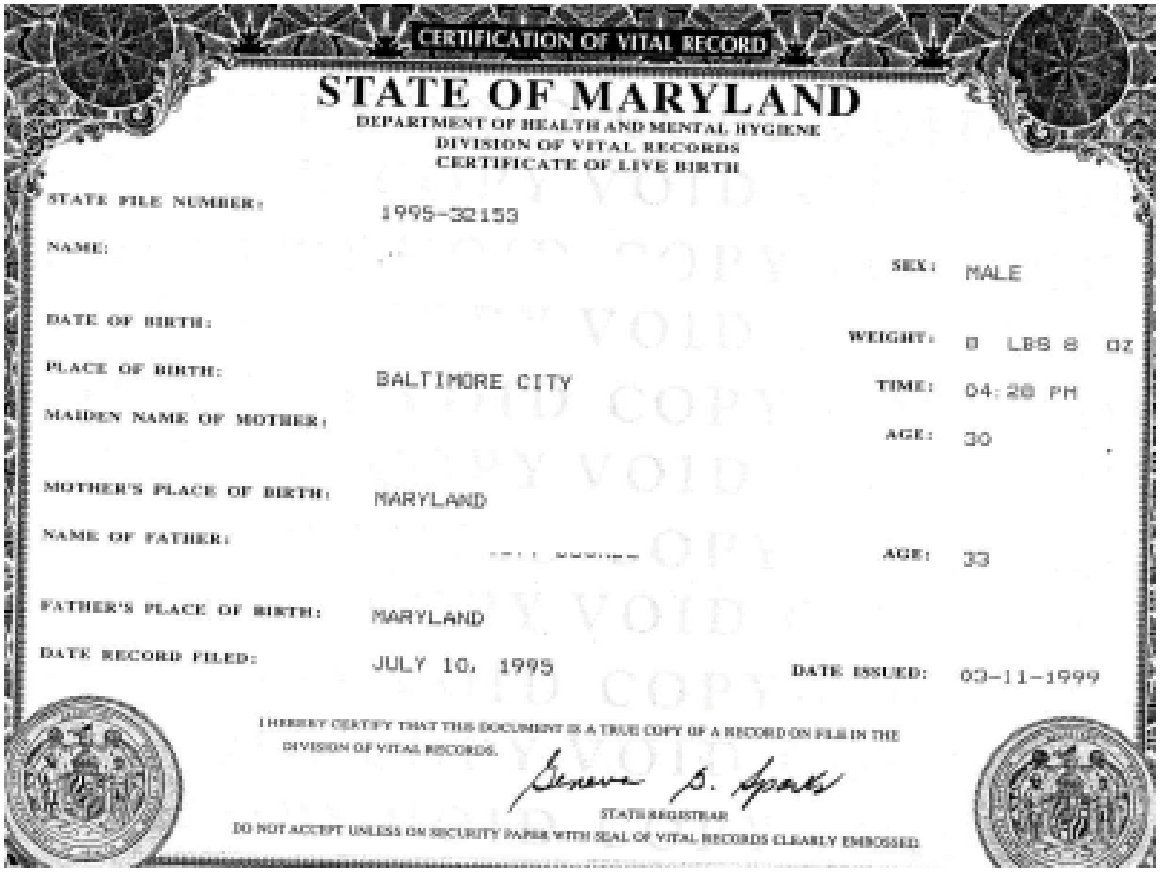
And the said party of the first part hereby covenants that she has not done or suffered to be done any act, matter or thing whatsoever to encumber the property hereby conveyed; that she will warrant specially the property hereby granted and that she will execute such further assurances of the same as may be requisite.

Dependent Child Documentation

BENEFITS OVERVIEW

Dependent Relationship	Eligibility Criteria	Required Documentation
Children • Biological Child • Adopted Child • Step-child • Grandchild* • Legal ward*, Testamentary, or Court appointed guardian (not temporary for less than 12 months) • Step-grandchild or other dependent child relatives* • Child with a mental or physical incapacity incurred prior to age 26	• Under age 26 • Except for grandchildren and legal wards, no requirement to reside in your home • May be eligible for coverage under own employer • May be married or unmarried, or; • Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26	• **Affidavit for Dependent Eligibility** and** **Biological Child** • Copy of child's official state birth certificate **Adopted Child** • Pending Adoption: Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption • Final Adoption: Copy of final adoption decree signed by a judge or a State-issued birth certificate showing employee/retiree as the parent **Step-child** • Copy of child's official state birth certificate with name of spouse of employee/retiree as child's parent • Copy of employee/retiree's official state marriage certificate **Legal Ward, Testamentary, or Court appointed guardian (not temporary for less than 12 months)** • Copy of dependent's official state birth certificate • Copy of Legal Ward/Testamentary court document, signed by a judge **Grandchild, Step-grandchild or other dependent child relatives** • Copy of child's official state birth certificate • Proof of relation by blood or by marriage • Proof of permanent residency **(one of the following):** - Valid driver's license; - State-issued identification card; - School records certifying Dependent's address; - Day care records certifying Dependent's address; or - Tax documents certifying address with child's name on document • Sole Support Affirmation **Child with mental or physical incapacity incurred prior to age 26** • Copy of child's disability certification form in addition to applicable documentation above
Same Sex Domestic Partner's Children Same as Children section above	Same as Children section above	• Documentation to establish existence of domestic partnership (see page 13) • Affidavit for Dependent Eligibility** (one for Domestic Partner and one for Domestic Partner's child) • All the same documents (above) that are required for a dependent child of an employee/retiree establishing the relationship between the dependent child and the domestic partner
Medical Child Support Order		• Copy of court order requiring Employee/Retiree to provide support and health coverage, signed by the child support officer or judge

* Please refer to the "July 2012-June 2013 Premium Rates" document at www.dbm.maryland.gov/benefits for important tax information when covering these dependents who are age 25 and not disabled.



CERTIFICATION OF VITAL RECORD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 1995-32153

NAME:

SEX: MALE

DATE OF BIRTH:

WEIGHT: 0 LBS 0 OZ

PLACE OF BIRTH: BALTIMORE CITY

TIME: 04:20 PM

MAIDEN NAME OF MOTHER:

AGE: 30

MOTHER'S PLACE OF BIRTH: MARYLAND

NAME OF FATHER:

AGE: 33

FATHER'S PLACE OF BIRTH: MARYLAND

DATE RECORD FILED: JULY 10, 1995

DATE ISSUED: 03-11-1999

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

STATE REGISTRAR

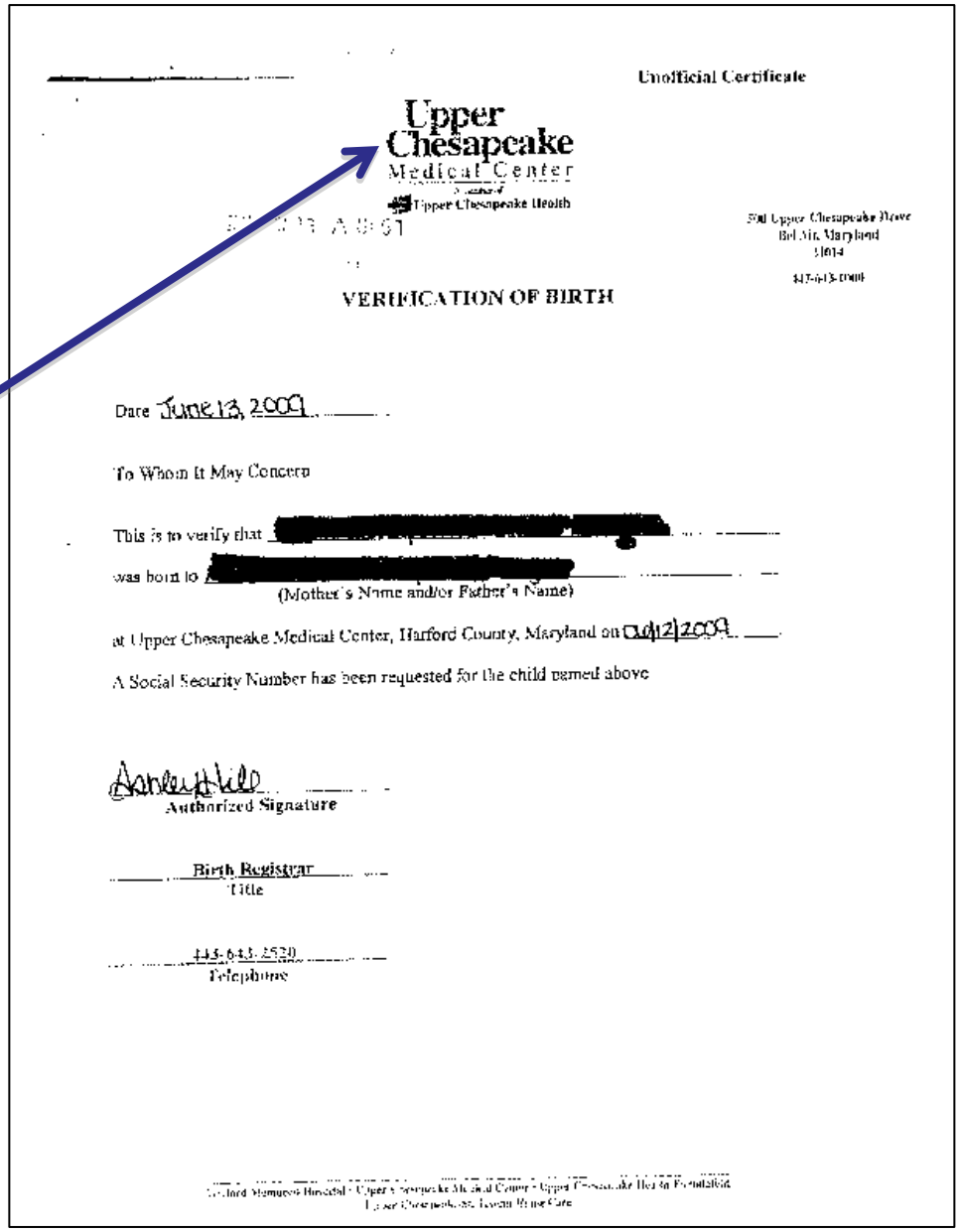
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED

Official Birth Certificate

- Employee/retiree must be linked to the dependent on the birth certificate(s).
- Must be signed by the Registrar of Vital Records.

Unacceptable Birth Certificate

- Document issued by hospital.
- Only acceptable to use as temporary documentation when dependent child is a newborn.



Unofficial Certificate

Upper Chesapeake Medical Center
A member of Upper Chesapeake Health

500 Upper Chesapeake Drive
Bel Air, Maryland
21014
410-612-0000

VERIFICATION OF BIRTH

Date June 13, 2009

To Whom It May Concern

This is to verify that [redacted]

was born to [redacted]
(Mother's Name and/or Father's Name)

at Upper Chesapeake Medical Center, Harford County, Maryland on 06/12/2009

A Social Security Number has been requested for the child named above

Authorized Signature

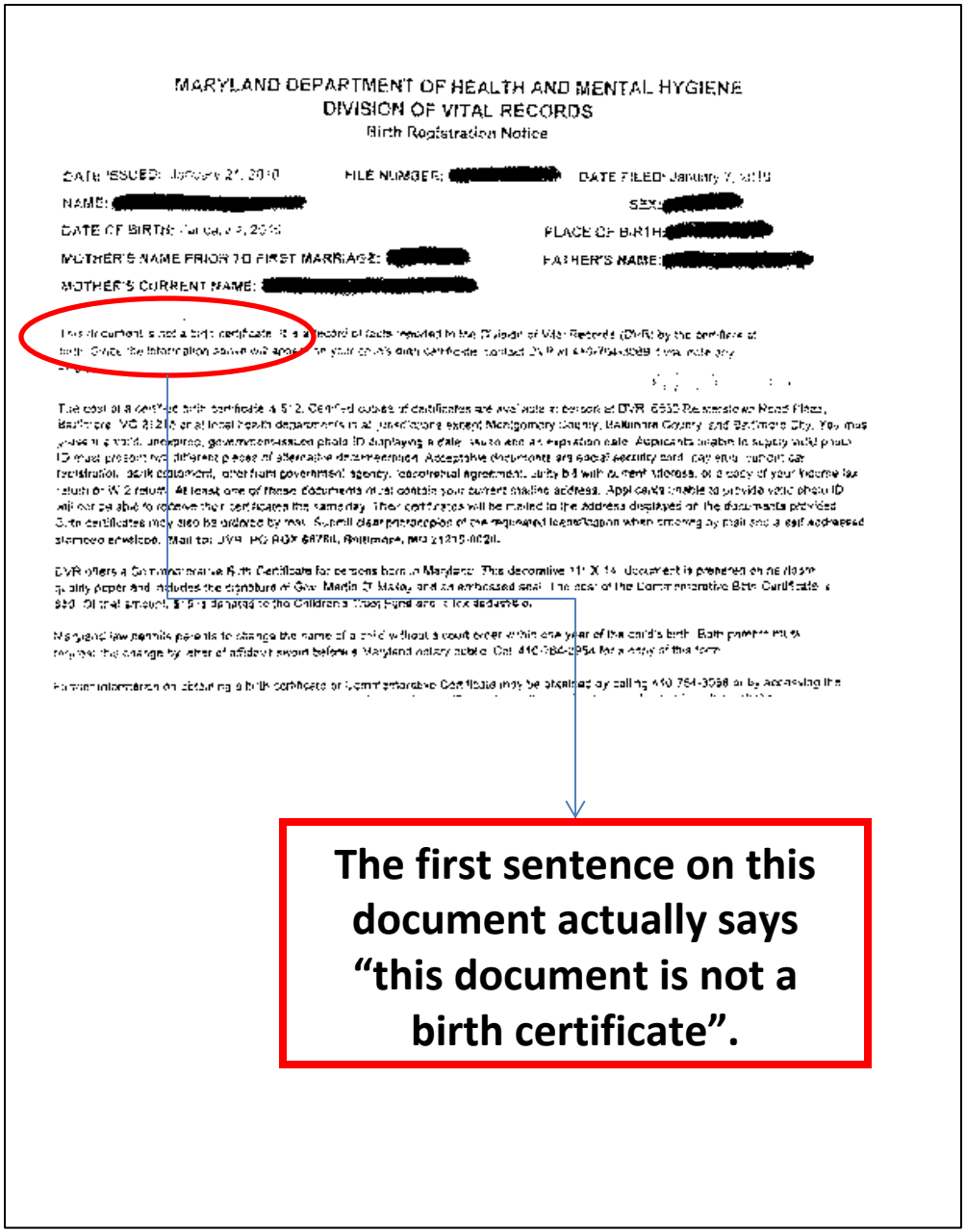
Birth Registrar
Title

443-643-2520
Telephone

Harford Memorial Hospital · Upper Chesapeake Medical Center · Upper Chesapeake Health Foundation
Upper Chesapeake Home Health Care

Unacceptable Birth Certificate

This document is the “Birth Registration Notice” and is not signed by the State Registrar.



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF VITAL RECORDS
Birth Registration Notice

DATE ISSUED: January 21, 2010 FILE NUMBER: [redacted] DATE FILED: January 7, 2010
NAME: [redacted] SEX: [redacted]
DATE OF BIRTH: [illegible] PLACE OF BIRTH: [redacted]
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: [redacted] FATHER'S NAME: [redacted]
MOTHER'S CURRENT NAME: [redacted]

This document is not a birth certificate. It is a record of facts reported to the Division of Vital Records (DVR) by the certifier at birth. Since the information above will appear on your child's birth certificate, contact DVR at 410-764-3089 if you note any [illegible]

The cost of a certified birth certificate is $12. Certified copies of certificates are available in person at DVR, 6550 Reisterstown Road Plaza, Baltimore, MD 21215 or at local health departments in all jurisdictions except Montgomery County, Baltimore County and Baltimore City. You must present a valid, unexpired, government-issued photo ID displaying a date issued and an expiration date. Applicants unable to supply valid photo ID must present two different pieces of alternative documentation. Acceptable documents are social security card, payroll, current car registration, bank statement, other from government agency, lease/rental agreement, utility bill with current address, or a copy of your income tax return or W-2 return. At least one of these documents must contain your current mailing address. Applicants unable to provide valid photo ID will not be able to receive their certificates the same day. Their certificates will be mailed to the address displayed on the documents provided. Birth certificates may also be ordered by mail. Submit clear photocopies of the requested identification when ordering by mail and a self addressed stamped envelope. Mail to: DVR, PO BOX 68760, Baltimore, MD 21215-0020.

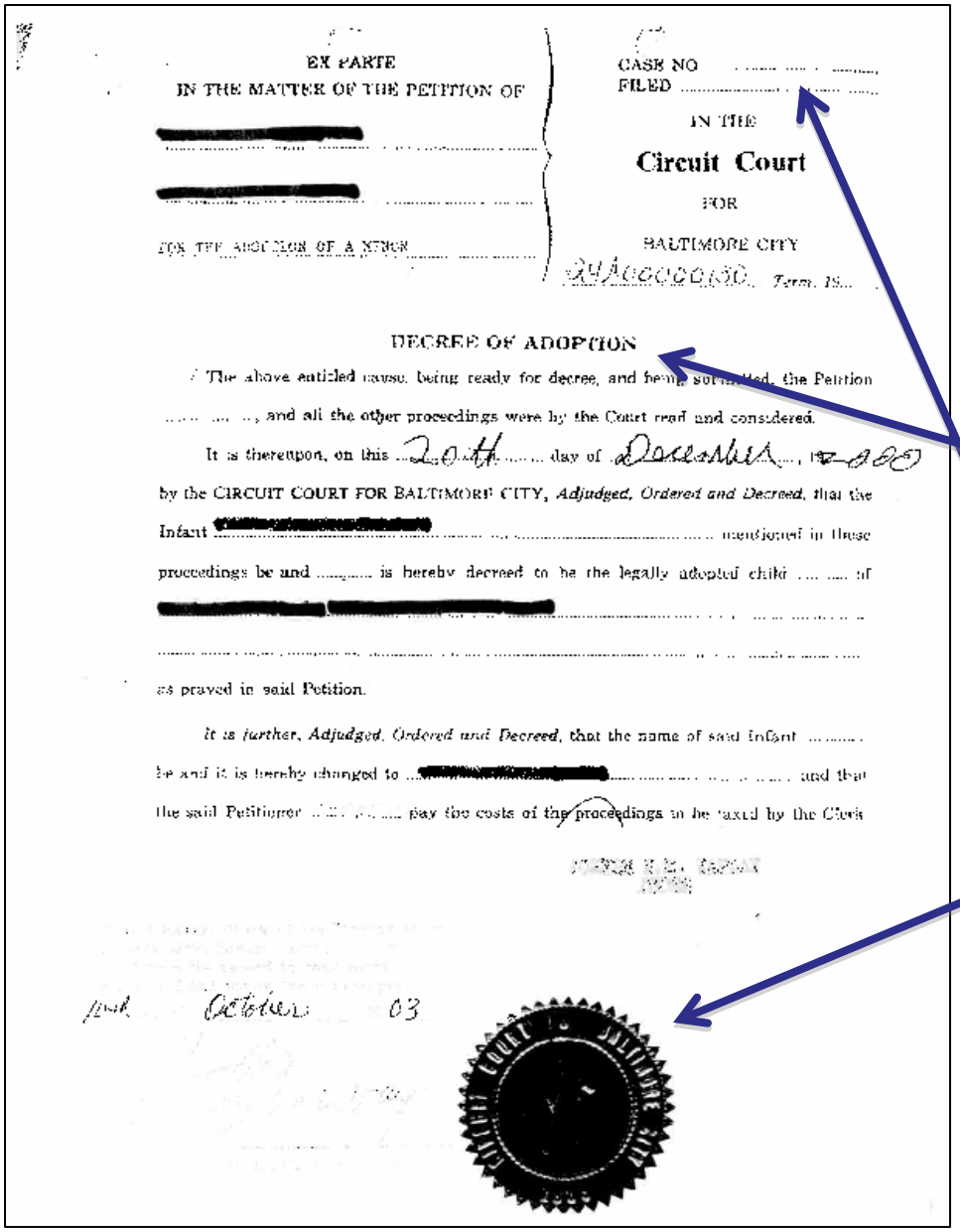
DVR offers a Commemorative Birth Certificate for persons born in Maryland. This decorative 11" X 14" document is presented on the finest quality paper and includes the signature of Gov. Martin O'Malley and an embossed seal. The cost of the Commemorative Birth Certificate is $50. Of that amount, $15 is donated to the Children's Trust Fund and is tax deductible.

Maryland law permits parents to change the name of a child without a court order within one year of the child's birth. Both parents must request the change by letter of affidavit sworn before a Maryland notary public. Call 410-764-2954 for a copy of this form.

Further information on obtaining a birth certificate or Commemorative Certificate may be obtained by calling 410-764-3058 or by accessing the [illegible]

The first sentence on this document actually says “this document is not a birth certificate”.

Example of Adoption Documentation



EX PARTE
IN THE MATTER OF THE PETITION OF

[redacted]

[redacted]

FOR THE ADOPTION OF A MINOR

CASE NO
FILED

IN THE
Circuit Court
FOR
BALTIMORE CITY
24A00000130 Term, 19...

DECREE OF ADOPTION

The above entitled cause, being ready for decree, and being submitted, the Petition ..., and all the other proceedings were by the Court read and considered.

It is thereupon, on this 20th day of December, 19 2000 by the CIRCUIT COURT FOR BALTIMORE CITY, *Adjudged, Ordered and Decreed*, that the Infant [redacted] mentioned in these proceedings be and ... is hereby decreed to be the legally adopted child ... of

[redacted]

as prayed in said Petition.

It is further, Adjudged, Ordered and Decreed, that the name of said Infant ... be and it is hereby changed to [redacted] and that the said Petitioner ... pay the costs of the proceedings to be taxed by the Clerk

October 03

CIRCUIT COURT FOR BALTIMORE CITY

- Decree of adoption
- Shows case and file number
- State seal or Judge signature

Thank You for Coming!

MARYLAND

DEPARTMENT OF BUDGET & MANAGEMENT
Employee Benefits Division
301 West Preston Street
Room 510
Baltimore, MD 21201

Local: 410-767-4775
Toll-Free: 1-800-30-STATE

PUTTING the PIECES TOGETHER