

[REDACTED]
[REDACTED]

The following dependents are currently enrolled on your health plan:

Enrolled Dependent Name	Relationship	DOB
[REDACTED]	[REDACTED]	[REDACTED]

PLEASE NOTE: If you currently have a certified disabled child(ren) enrolled in CalPERS coverage, they are not included in this Verification Project and their coverage continues. If you have a dependent who should be removed due to a qualifying event (i.e., divorce, family member enters military, etc.), please contact your employer (if you are an active member) or CalPERS (if you are a retiree) to disenroll that dependent.

REQUIRED DOCUMENTS

All required documents **MUST** include date and/or year, your name, and dependent's name. When submitting copies of tax documents, household bills or account statements, please black out Social Security numbers, as well as any income information. Also mark each document "Not for Official Use."

FOR SPOUSE:

- A copy of your marriage certificate
- **And one of the following:**
 - A copy of the front page of your 2013 federal or state tax return confirming this dependent is your spouse **OR**
 - A document dated within the last 60 days showing current relationship status, such as a recurring household bill or statement of account. The document must list your name, your spouse's name, the date and your mailing address.

FOR REGISTERED DOMESTIC PARTNER:

- A copy of your Declaration of Domestic Partnership registered with the California Secretary of State or document required by your employer if its domestic partnership policy predates the state law governing registered domestic partnerships.
- **And one of the following:**
 - A copy of the front page of your 2013 state tax return confirming this dependent is your domestic partner **OR**
 - A document dated within the last 60 days showing current relationship status, such as a recurring household bill or statement of account. The document must list your name, your partner's name, the date and your mailing address.

FOR CHILDREN up to age 26*:

- A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you, your spouse or your domestic partner as the child's parent **OR**
- A copy of the court order naming you, your spouse or your domestic partner as the child's legal guardian

FOR CHILDREN up to age 26 where you assume the role of primary care parent*:

- A copy of the front page of your 2013 federal or state tax return confirming this child is your dependent **OR**
- A copy of the court order naming you as the child's legal guardian **OR**
- Day care receipts or school records which indicate the child resides at your current mailing address, if applicable

**For a stepchild, documentation of your current relationship to your spouse or domestic partner is also required.*

SIGNATURE AND DATE

By my signature on this form, I certify and warrant to CalPERS that (1) all information on this form is true, correct, and current as of the date signed and (2) all documents submitted are authentic. I understand any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Subscriber (REQUIRED): _____ Date: _____