



## Dependent Eligibility: Who Can You Add to Medical & Dental Insurance Plans?

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage.

DEPENDENT	ELIGIBILITY FOR COVERAGE	DOCUMENTATION REQUIRED
Spouse	Lawful spouse  <b>Note:</b> common law spouses and domestic partners are ineligible	<ul style="list-style-type: none"> <li>Government-issued marriage certificate <b>AND</b></li> <li>Most recent federal tax return (first and last pages only) if married prior to the current year</li> </ul>
Biological child	Natural born child under age 26	<ul style="list-style-type: none"> <li>Government-issued birth certificate <b>OR</b></li> <li>Hospital-issued birth certificate/letter (for child up to two months old)</li> </ul>
Stepchild	Stepchild of your current marriage	<ul style="list-style-type: none"> <li>Government-issued birth certificate <b>AND</b></li> <li>Government-issued marriage certificate</li> </ul>
Adopted child	Child is eligible at time of placement	<ul style="list-style-type: none"> <li>Certificate or decree of adoption <b>OR</b></li> <li>Adoption placement order</li> </ul>
Foster child or a child for whom you have been granted custody or guardianship	Child is eligible at time of placement (foster child only) or when granted court custody	<ul style="list-style-type: none"> <li>Placement order <b>OR</b></li> <li>Court order granting legal custody or guardianship</li> </ul>
Disabled child <sup>1</sup>	Child is age 26 years or older, unmarried, primarily supported by the employee, and incapable of self-sustaining employment by reason of mental or physical disability  <b>Kaiser Permanente only:</b> approval process is determined by Kaiser Permanente	<ul style="list-style-type: none"> <li>Government-issued birth certificate (and government-issued marriage certificate if stepchild) <b>AND</b></li> <li>Proof of continuous medical insurance coverage <b>AND</b></li> <li>Medical verification of disability prior to age 26</li> </ul>
Adult dependent <sup>2</sup>	A qualifying, non-child dependent as determined by IRS requirements (see below)	<ul style="list-style-type: none"> <li>Most recent federal tax return (first and last pages only)</li> <li><b>Note:</b> documentation will be requested annually</li> </ul>

### Important reminders for all documents:

- DO NOT SEND ORIGINALS. Send copies only to [HRDocs@arlingtonva.us](mailto:HRDocs@arlingtonva.us)
- Black out all Social Security numbers, monetary amounts, and account numbers on all documents.
- No documents will be returned.

- 1) Please email [benefits@arlingtonva.us](mailto:benefits@arlingtonva.us) to initiate the medical verification process
- 2) You may either add an adult dependent OR a spouse. An adult dependent may be added to Cigna and Delta Dental only. To determine qualifying status, please visit <https://www.irs.gov/help/ita/whom-may-i-claim-as-a-dependent>