



## REQUIRED ELIGIBILITY DOCUMENTATION CHECKLIST PLAN YEAR 10/1/2025 - 9/30/2026

The following verification documents are required to enroll a subscriber or dependent in health benefit plans. SISC requires the Social Security Numbers for all members to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility. Please advise the Benefits Office if your dependent does not have a Social Security Number for assistance.

Dependent Type	Required Documentation
<p><b>Spouse</b></p>	<ul style="list-style-type: none"> <li>• Prior year's Federal Tax Form that shows the couple was married (First page only, financial information may be blocked out).</li> <li>• A marriage certificate will be accepted for newly married couples when filing has not yet been required for the current tax year.</li> </ul>
<p><b>Registered Domestic Partner</b></p>	<ul style="list-style-type: none"> <li>• A Certificate of Registered Domestic Partnership issued by the State of California or a certified copy of the Declaration of Domestic Partnership that includes the dated, signed Secretary of State Certification Stamp. (Enrolling a Domestic Partner may cause the employer contribution to become taxable.)</li> </ul>
<p><b>Children, Stepchildren, and/or Adopted Children up to age 26</b></p>	<ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB)</li> <li>• Legal Adoption Documentation</li> </ul>
<p><b>Legal Guardianship up to age 18</b></p>	<ul style="list-style-type: none"> <li>• Legal U.S. Court Documentation establishing Guardianship</li> </ul>
<p><b>Unmarried Disabled Dependents over age 26 (requires enrollment in a SISC medical plan). Dependent's disability must occur before age 26.</b></p> <p><b>Failure to submit the required disabled dependent medical certification prior to your dependent aging out of the plan will result in termination and COBRA being issued.</b></p> <p><b>You are responsible to ensure your disabled dependent is recertified prior to the current certification expiring. The recertification must be received by the PCCD Benefits Office prior to the current certification expiry date.</b></p>	<p><b>Anthem Blue Cross (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>• Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (First page only, income information may be blocked out.)</li> <li>• Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>• Completed Anthem Disabled Dependent Certification Form</li> </ul> <p><b>Blue Shield (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>• Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (First page only, income information may be blocked out.)</li> <li>• Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>• Completed Declaration of Disability for Overage Dependent Child</li> </ul> <p><b>Kaiser (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>• Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (First page only, income information may be blocked out.)</li> <li>• Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>• Copy of Overage Dependent Certification form obtained directly from Kaiser.</li> </ul>
<p><b>Retirees and/or Dependents on a Retiree Plan Age 65 or Over</b></p>	<ul style="list-style-type: none"> <li>• Proof of enrollment in Medicare Part A &amp; Part B (copy of current Medicare card or Medicare enrollment confirmation letter showing effective dates of Part A and Part B)</li> </ul>