

DEPENDENT/CONTACT DESIGNATION FORM

Please Print Neatly

Employee Name: _____ SSN: _____ - _____ - _____

Effective date of change: _____

Reason for Change/Update: _____

SPOUSE INFORMATION

ADD CHANGE

Spouse/Grandfathered Domestic Partner Status: **(Circle One)**

Spouse / Grandfathered Domestic Partner / Former Spouse // Widow / Widower/Other

Full Name: _____ SSN: _____ - _____ - _____
Last, First Middle

Date of Birth: _____ Gender: _____ IC Employee? Yes: _____ No: _____

To Be Completed by Employee Benefits & Work/Life Dept.: Verified By: _____ Date: _____

Benefits Eligibility

Verified? Yes _____ No _____ Details: _____

DEPENDENT/CONTACT INFORMATION

ADD CHANGE

Full Name: _____ SSN: _____ - _____ - _____
Last, First Middle

Date of Birth: _____ Gender: _____ Marital Status: Single / Married FT Student? : Y / N

Relationship of Contact: **(Circle One):** Child Parent Other

To Be Completed by Employee Benefits & Work/Life Dept.: Verified By: _____ Date: _____

Benefits Eligibility Full Time Student

Verified? Yes _____ No _____ Verified? Yes _____ No _____ Details: _____

Full Name: _____ SSN: _____ - _____ - _____
Last, First Middle

Date of Birth: _____ Gender: _____ Marital Status: Single / Married FT Student? : Y / N

Relationship of Contact: **(Circle One):** Child Parent Other

To Be Completed by Employee Benefits & Work/Life Dept: Verified By: _____ Date: _____

Benefits Eligibility Full Time Student

Verified? Yes _____ No _____ Verified? Yes _____ No _____ Details: _____

By signing below, I declare that the information I am submitting to verify eligibility for my spouse, Grandfathered Qualified Domestic Partner, and/or dependent children under Ithaca College's benefit plan(s) is true, accurate, and complete. I understand that if I have provided false, incomplete or misleading information, or if I fail to update this information in accordance with eligibility guidelines, I may be subject to the following: reduced coverage levels, repayment of any claims or premiums paid by the College, and/or termination of dependent(s) benefit coverage.

Employee Signature: _____ Date: _____

DEPENDENT CATEGORY	DOCUMENTATION REQUIREMENTS <i>Please submit a copy of the following. Do not send originals.</i>
Spouse	<ul style="list-style-type: none"> • Most Recent Tax Documentation*; or • <i>If the Marriage occurred in this plan year, a Marriage Certificate is sufficient</i>
Natural Born Child	<ul style="list-style-type: none"> • Most Recent Tax Documentation*; or • Birth Certificate (must list name of child and parents); or • <i>If the birth occurred in current plan year, a Hospital Certificate is sufficient</i>
Step Child / Child of your Grandfathered Qualified Domestic Partner	<ul style="list-style-type: none"> • Most Recent Tax Documentation* to verify your spouse, or • Qualified Domestic Partner Affidavit to verify your Grandfathered Qualified Domestic Partner, whichever is applicable; AND • Birth Certificate to verify the child of your Spouse or Grandfathered Qualified Domestic Partner
Adopted Child	<ul style="list-style-type: none"> • Amended birth certificate naming enrollee as parent; or • Final adoption papers naming enrollee as parent; or • <i>If an adoption is pending, the Proof of Placement Papers or Legal Guardianship Paperwork is sufficient</i>
Disabled Adult Child	<ul style="list-style-type: none"> • Physician's Statement of Total and Permanent Disability
Child for whom you are the Legal Guardian or responsible for by Court Order	<ul style="list-style-type: none"> • Legal Guardianship Paperwork naming the enrollee as Legal Guardian; or • Divorce Decree or Court Order which mandates enrollee to provide health coverage for the child - <i>Not eligible for coverage under Dependent Life Insurance or AD&D Plans</i>
<p>*Tax Documentation</p> <p>Spouse</p> <p>Your Child</p>	<p>The 1st page of Form 1040 is sufficient. Most recent Tax Documentation is required; if extension was filed year prior, Tax Documentation and proof of extension for most recent year, are sufficient. If submitting Tax Documentation please black out any confidential information such as social security numbers and earnings. Tax Documentation should be a copy and must accurately reflect what was submitted to the IRS.</p> <p>If filing status is Married Filing Jointly or Married Filing Separately and your spouse is listed on your Tax Return, Employee's Tax Return is sufficient. If filing Status is Head of Household and your spouse is not listed on your Tax Return, a copy of Employee's and Spouse's Tax Returns are required.</p> <p>Tax Verification for your child must show your child listed as a dependent on your Tax Return</p>

As of January 1, 2015 only grandfathered Qualified Domestic Partners are eligible for coverage under IC benefit plans.