



COLUMBUS METROPOLITAN LIBRARY VERIFICATION REQUIREMENTS

When submitting supporting documentation:

- ✓ Mark out all confidential information such as financial data and social security numbers.
- ✓ Send only copies.
- ✓ If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document.
- ✓ If a document is not in English, you may be requested to supply a 'word for word' English translation of the document **and** a copy of the original document.

Eligibility Requirements	Acceptable Supporting Documentation
<p><u>SPOUSE</u> Your legal spouse</p>	<p>Submit one document from PROOF A AND one document from PROOF B:</p> <p><u>PROOF A:</u></p> <ul style="list-style-type: none"> • Valid legal or religious marriage certificate, which must include: <ul style="list-style-type: none"> ○ Name of the employee and spouse ○ Date of marriage ○ Certifier's signature/official seal (<i>Employees married within the last 6 months do not need to provide Proof B.</i>) • Legal household/family registry, must show spousal relationship (<i>This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.</i>) <p><u>AND</u></p> <p><u>PROOF B:</u></p> <ul style="list-style-type: none"> • Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> ○ Be from current or previous tax year ○ Contain name of employee and spouse ○ Indicate married filing jointly or married filing separately (Only the page listing filing status and exemptions is required) • Utility bill, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and spouse as joint owners ○ Contain name of utility company • Document from a bank account or financial institution, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and spouse as joint owners of the account ○ Contain name of financial institution • Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Show employee and spouse as joint account owners ○ Contain name of insurance company • Mortgage document or current lease, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and spouse as joint owners or joint renters ○ Contain name of mortgage company, landlord or rental company • Valid vehicle registration, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and spouse as joint owners ○ Contain name of state or county in which issued

Eligibility Requirements	Acceptable Supporting Documentation
<p><u>DOMESTIC PARTNER</u> Your same or opposite sex domestic partner</p>	<p>Submit one document from PROOF C AND one document from PROOF D:</p> <p><u>PROOF C:</u></p> <ul style="list-style-type: none"> • Valid Columbus Metropolitan Library Domestic Partner Affidavit, which must include <ul style="list-style-type: none"> ○ Names of the employee and domestic partner ○ Date of Notarization ○ Signature of Notary • State-issued Certificate of Domestic Partnership, which must include <ul style="list-style-type: none"> ○ Names of the employee and domestic partner ○ Date of Certificate ○ Certifier's signature/official state seal <p><u>AND</u></p> <p><u>PROOF D:</u></p> <ul style="list-style-type: none"> • Utility bill, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners ○ Contain name of utility company • Document from a bank account or financial institution, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners of the account ○ Contain name of financial institution • Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Show employee and domestic partner as joint account owners ○ Contain name of insurance company • Mortgage document or current lease, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners or joint renters ○ Contain name of mortgage company, landlord or rental company • Valid vehicle registration, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and spouse as joint owners ○ Contain name of state or county in which issued • Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> ○ Be from current or previous tax year ○ Name employee as person filing ○ Name domestic partner as dependent <p>(Only the page listing filing status and exemptions is required)</p>

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<p><u>CHILD AGE 26 AND UNDER</u> Your children age 26 and under if all of the following are true:</p> <ul style="list-style-type: none"> ○ Natural child, stepchild or adopted child of the Participant. ○ Child must reside within the United States ○ Child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order <p>(Dependent who is 26 years of age, will remain on the plan through the end of the month in which they turn 26, but coverage will only be provided at the request of the Participant.)</p>	<p>Submit a copy of one document from PROOF E:</p> <p><u>PROOF E:</u></p> <ul style="list-style-type: none"> ● Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> ○ Be from current or previous tax year ○ List your dependent with the relationship as daughter, son or child (Only the page listing filing status and exemptions is required) ● Child's legal or hospital birth certificate or affidavit of parentage, which must: <ul style="list-style-type: none"> ○ Contain the name of the employee or spouse ○ Contain the name of the child ○ Indicate date of birth ● Legal household/family registry, must show relationship (<i>This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.</i>) ● Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must: <ul style="list-style-type: none"> ○ Contain the name of the employee or spouse indicating parentage of the child ○ Contain the name of the child ○ Official signature or stamp indicating document has been filed ● Legal adoption, guardianship or legal custody papers, which must: <ul style="list-style-type: none"> ○ Contain the name of the employee or spouse ○ Contain the name of the child ○ Official signature or stamp indicating document has been filed <p><u>Also required to prove the relationship between you and your stepchild:</u> <i>If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, CML must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your spouse or domestic partner.</i></p>
<p><u>CHILD AGE 26 AND OVER WITH DISABILITIES</u> Any unmarried dependent child with a mental or physical disability reaching an age when coverage would otherwise end meets the following:</p> <ul style="list-style-type: none"> ● The child is unable to be self-supporting due to a mental or physical handicap or disability; ● The child depends mainly on you for support; ● You provide to Columbus Metropolitan Library proof of the child's incapacity and dependency within 31 days of the date coverage would have otherwise ended because the child reached a certain age; and ● You provide proof, upon Columbus Metropolitan Library's request, that the child continues to meet these conditions. 	<p>Submit a copy of one document from PROOF F AND a copy of one document from PROOF G:</p> <p><u>PROOF F:</u></p> <ul style="list-style-type: none"> ● Any one of the documents listed for Child under age 26. <p><u>AND</u></p> <p><u>PROOF G:</u></p> <ul style="list-style-type: none"> ● Physician statement certifying that the dependent child: <ul style="list-style-type: none"> ○ Cannot support them self because of a physical or mental disability. ○ All information must be included on physician's letterhead or form and dated within the last 12 months. <p><u>Also required to prove the relationship between you and your stepchild:</u> <i>If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, CML must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your spouse or domestic partner.</i></p>