INDIANA UNIVERSITY
HUMAN RESOURCES

IU-SPONSORED HEALTH CARE PLANS
AFFIDAVIT OF ELIGIBLE SPOUSE/CHILD STATUS

INSTRUCTIONS: This form is to be used in cases where the employee does not have possession of or access to any document that verifies a marriage or birth relationship to the employee, for example: when actual source documents have been destroyed by fire or other disaster. Unless there are extenuating circumstances, the University would not consider documents inaccessible when they are available through public agencies such as the courts or through a state health department.

EMPLOYEE INFORMATION:

Employee Name (Last, First, MI): ______________________________ 10-digit ID: __ __ __ __ __ __ __ __ __ __

Campus: ______________ Campus Phone: (____) _____ - _____ Department: ____________________

SPOUSE INFORMATION:

I attest that I do not have documentation in my possession, at home or elsewhere, to verify my relationship to the following individual; and that the individual listed below is (A) my spouse as recognized by a legally binding marriage as defined by Indiana law or as certified by the government in the foreign country of my marriage; and that this marriage has not been ended by divorce.

Spouse Name (Last, First, MI): ______________________________ Date of Birth: ______________

Social Security Number*: ____________________ Relationship: ____________________

*If your spouse is a foreign national who is not eligible for a Social Security Number due to a non-working visa, list their ITIN number. If they do not yet have an ITIN number, write the visa type (J2, F2, or H4) in the box to indicate that this person is not eligible for a Social Security Number. Report your spouse's ITIN number to Human Resources as soon as it is available.

U.S. State or Foreign Country in which the marriage was performed: ______________________________

Is the marriage a legally recognized marriage in this State or Country: ______________________________

The institution or entity that performed the marriage: ______________________________

DEPENDENT CHILD INFORMATION:

I attest that I do not have documentation in my possession, at home or elsewhere, to verify my relationship to the following individual; and that the individual listed below meets Indiana University's dependent eligibility requirements (listed in the following section) for coverage as my dependent.

Name:	DOB	SSN*	Relationship

*If your dependent is a foreign national who is not eligible for a Social Security Number due to a non-working visa, list their ITIN number. If they do not yet have an ITIN number, write the visa type (J2, F2, or H4) in the box to indicate that this person is not eligible for a Social Security Number. Report your dependent's ITIN number to Human Resources as soon as it is available.

EXPLANATION:

Documentation to verify the marriage or birth relationship of the above individuals to the employee is not available for the following reason:

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(See reverse side for Eligibility Guidelines and Employee Signature)

ELIGIBILITY GUIDELINES:

Dependents that are eligible for medical and dental care coverage are:

- The employee's spouse as defined by Indiana law; and/or
- Children who meet all of the following criteria:
  1. The child has one of the following relationships to the employee or spouse.
     - A biological child; or
     - A lawfully adopted child; or
     - A stepchild of the employee; or
     - A child for whom the employee or spouse has been legally appointed sole guardian for an indefinite period of time; and
  2. The child is age 25 or under (eligibility ends at the end of the month in which the child reaches age 26), or qualifies for Disabled Child Eligibility.
- A child for whom the employee is legally required to provide health care coverage under a Qualified Medical Support Order, as defined by ERISA or an applicable Indiana state law.
- When an adoption is in the legal process, coverage for such child may begin from the point the child is placed with the employee (granted custody) for the purpose of adoption.
- Proof that an individual is a qualified dependent (marriage or birth certificate, guardianship orders, as applicable) is required at the time of initial enrollment and periodically thereafter. Failure to provide proof of dependent eligibility within 30 days of the university's written request for such proof may result in termination of health plan coverage.

EMPLOYEE CERTIFICATION:

By signing this form you are certifying that:

- you have read and understand the University's health plan eligibility guidelines;
- that the above listed spouse is your legal spouse as defined by the State of Indiana or by the government of the foreign country inwhich the marriage took place, and has not been ended by divorce;
- that the information supplied on this form is true and complete and that any false information or statements made on this form will be grounds for IU to void your coverage and/or terminate your employment;
- you understand your responsibility to notify the University in writing within 30 days of a divorce from your spouse (a spouse is ineligible for health plan coverage as of the date of the divorce); likewise provide notice that a child is no longer your dependent.
- you understand that enrolling an individual that is not your legal spouse/child or failing to provide notice of ineligibility can result in retroactive termination of health care coverage for you and the enrolled spouse (coverage will end on the date the spouseor child was no longer eligible regardless of when notice was given to the University); and
- that such retroactive termination will result in liability on your part for any claim or premium costs paid by the health Plan retroactive to the date the individual was ineligible for coverage.

Employee Signature: ____ Date: ____/____/______

For questions please call (812) 856-1234

Return completed form to *recben@iu.edu*, or
Mail to IU Human Resources - ATTN: Customer Care, Poplars E165, 400 E. 7th Street, Bloomington, IN 47405-3085