**DOCUMENTATION REQUIREMENTS FOR ACTIVE EMPLOYEES**

<table>
<thead>
<tr>
<th>DEPENDENT</th>
<th>REQUIRED DOCUMENTATION</th>
<th>POSSIBLE RESOURCES TO OBTAIN DOCUMENTATION</th>
</tr>
</thead>
</table>
| Spouse    | • Marriage Certificate (this is not the certificate provided from the official conducting the ceremony)  
• Affidavit attesting to the existence of marriage performed outside of the United States if a foreign marriage | • County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at [www.health.state.pa.us](http://www.health.state.pa.us) under Health Statistics and Vital Records.  
• Foreign Marriages Affidavit available from university human resources office |
| Same-sex domestic partner (domestic partner) | • Same-sex Domestic Partnership Certification Form | • Same-sex Domestic Partnership Certification Form available from university human resources office |
| Child(ren) by birth | • Birth certificate | • For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail, or online at [www.health.state.pa.us](http://www.health.state.pa.us). Fee is $10.  
• Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through [http://www.cdc.gov/nchs/w2w.htm](http://www.cdc.gov/nchs/w2w.htm)  
• Attestation Form available from university human resources office or online when enrolling via ESS |
| Child(ren) by adoption | • Court approved adoption order OR  
• Placement letter from court/adoption agency for pending adoptions  
| If the child is age 19-26, you may have to complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse’s employer if married) | • County courthouse that issued final adoption order  
• County court/adoption agency that issued placement letter  
• Attestation Form available from university human resources office or online when enrolling via ESS |
| Child(ren) by legal guardianship | • Court or agency order establishing guardianship  
• Affidavit of Residence and/or Dependency for Other Children Form  
| If the child is age 19-26, you may have to complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse’s employer if married) | • County courthouse/agency that issued guardianship order  
• Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office  
• Attestation Form available from university human resources office or online when enrolling via ESS |
| Stepchildren | • Birth certificate AND  
• Marriage certificate  
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### Documentation Requirements for Active Employees (con'td)

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<tr>
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<th>Required Documentation</th>
<th>Possible Resources to Obtain Documentation</th>
</tr>
</thead>
<tbody>
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<td>Same-sex Domestic partner’s child(ren) by adoption</td>
<td>• Court approved adoption order OR Placement letter from court or adoption agency for pending adoptions AND Same-sex Domestic Partnership Certification Form Affidavit of Residence and/or Dependency for Other Children Form</td>
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<td>• Court or agency order establishing guardianship AND Affidavit of Residence and/or Dependency for Other Children Form AND Same-sex Domestic Partnership Certification Form</td>
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</tr>
<tr>
<td>Disabled dependent</td>
<td>• Will be verified by health plan vendor</td>
<td>• Health Plan Vendor</td>
</tr>
</tbody>
</table>

*If document was generated outside of US and is not in English, it must be translated and certified by translator*

### Other Coverage Information

If your spouse is also a PASSHE employee or annuitant eligible to participate in either the active coverage or the Annuitant Health Care Program (AHCP), he or she may enroll as a single subscriber under his/her own plan, or as a dependent under the active employee’s coverage, but not both. Likewise, dependents may only be covered under one PASSHE active group plan or PASSHE-AHCP plan.

If your spouse is covered under the Pennsylvania Employees Benefit Trust Fund (PEBTF), the employee and dependents may be enrolled on each other’s policies for the purpose of coordination of benefits.

Spouses eligible for fully-paid employer coverage through his/her employer must be enrolled in their employer’s coverage and State System health coverage will provide minimal benefits as secondary payer only. (This only applies to spouses added to health coverage after July 1, 2001.)

### Health Program Coverage Effective Dates

Coverage for you and your Dependents begins on your date of employment or on the date you become eligible. If you enroll during an open enrollment period, coverage will begin the following July 1. In the case of employees who have declined coverage due to enrollment in another health care program, coverage may be made effective as of the date the other coverage ceases upon timely submission (within 60 days) of evidence that the other coverage has ended. Otherwise, you may only enroll during the next open enrollment.