

Required Documentation for SHBP/SEHBP Dependent Eligibility Verification Audit (DEVA)

Dependents	Eligibility Definition	Documentation Required
Spouse	A member of the opposite sex to whom you are legally married.	<ul style="list-style-type: none"> ➤ Photocopy of marriage certificate and ➤ A copy of the top half of the front page of the employees' most recently filed federal tax return that includes your spouse (you may black out all financial information and all but the last 4 digits of your social security number).
Civil Union Partner	A person of the same sex with whom you have entered into a civil union.	<ul style="list-style-type: none"> ➤ Photocopy of the <i>New Jersey Civil Union Certificate</i> or a valid certification from another jurisdiction that recognizes same-sex civil unions and ➤ A copy of the top half of the front page of the employee's most recently filed NJ tax return that includes your partner (you may black out all financial information and all but the last 4 digits of your social security number) or ➤ A copy of a recent (within 90 days of application) bank statement or bill that includes both partner's names received at the same address.
Domestic Partner (DP)	A person of the same sex with whom you have entered into a domestic partnership as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act. The domestic partner of any State employee, State retiree, or any eligible employee or retiree of a SHBP/SEHBP participating local public entity, who adopts a resolution to provide Chapter 246 health benefits, is eligible for coverage.	<ul style="list-style-type: none"> ➤ Photocopy of the <i>New Jersey Certificate of Domestic Partnership</i> dated prior to February 19, 2007 or a valid certification from another State of foreign jurisdiction that recognizes same-sex domestic partners and ➤ A copy of the top half of the front page of the employee's most recently filed NJ tax return that includes your partner (you may black out all financial information and all but the last 4 digits of your social security number) or ➤ A copy of a recent (within 90 days of application) bank statement or bill that includes both partner's names received at the same address.
Children	<p>Refers to your unmarried children under age 23 who:</p> <ul style="list-style-type: none"> ➤ Live with you in a regular parent-child relationship; ➤ Are away at school; or ➤ Are divorced children living at home provided that they are dependent upon you for support and maintenance <p>If you are a single parent, divorced, or legally separated, your children who do not live with you are eligible if you are legally required to support those children. Stepchildren, foster children, legally adopted children, and children in a guardian-ward relationship are also eligible provided they live with you, are under the age of 23 and are substantially dependent upon you for support and maintenance.</p>	<ul style="list-style-type: none"> ➤ Natural Child – Photocopy of birth certificate showing employee's name. ➤ Step Child – Photocopy of birth certificate showing employee's spouse/partner's name; and a copy of marriage/partnership certificate showing the employee and parent's name ➤ Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren) – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge's signature and seal, or Adoption Final Decree with presiding judge's signature and seal.

Required Documentation for SHBP/SEHBP Dependent Eligibility Verification Audit (DEVA)

Dependents	Eligibility Definition	Documentation Required
Dependent Children with Disabilities	<p>If a covered child is not capable of self-support when he or she reaches age 23 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP, and (2) the child continues to be disabled, and (3) the child is unmarried or does not enter into a civil union or domestic partnership, and (4) the child remains substantially dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.</p>	<ul style="list-style-type: none"> ➤ Documentation as noted for the “Child” dependent type ➤ A copy of the top half of the front page of the employee’s most recently filed federal tax return that includes this child (you may black out all financial information and all but the last 4 digits of your social security number) ➤ If a Social Security disability award has been awarded, or is currently pending, please include this information in the documentation submitted ➤ Please note that this audit is only verifying the child’s eligibility as a dependent. Your health carrier determines the disability status of the child.
Continued Coverage for Over Age Children	<p>Certain dependent children may be eligible for continued coverage under the provisions of Chapter 375, P.L. 2005. This includes a child by blood or law who:</p> <ul style="list-style-type: none"> ➤ is under the age of 31; ➤ is unmarried or not a partner in a civil union or domestic partnership; ➤ has no dependent(s) of his or her own; ➤ is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 credit hours; and ➤ is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Medicare. 	<ul style="list-style-type: none"> ➤ Documentation as noted for the “Child” dependent type ➤ A copy of the top half of the front page of the employee’s most recently filed federal tax return that includes this child (you may black out all financial information and all but the last 4 digits of your social security number) or ➤ If the overage child is not listed on the employee’s tax return, a copy of the top half of the child’s most recently filed tax return is required (you may black out all financial information and all but the last 4 digits of your social security number) and ➤ If the child resides out of the State of New Jersey, documentation of full time student status must be received.

If you need to obtain copies of the necessary documentation listed above, you may contact the office of the Town Clerk in the city of birth, marriage, etc., or visit these Web sites: www.vitalrec.com or www.studentclearinghouse.org

Residents of New Jersey also have the option of obtaining records from the State Bureau of Vital Statistics and Registration Web site: www.state.nj.us/health/vital/index.shtml