

Dependent Eligibility Verification

Baltimore County Public Schools Open Enrollment Dependent Eligibility Verification

As communicated in the “What’s New” section of this guide, BCPS has implemented Dependent Eligibility Verification during open enrollment. This process requires documentation to verify coverage eligibility for the dependents that you **add** during the open enrollment process. If you enroll on-line or via paper you must also submit dependent eligibility verification. Failure to comply will result in cancellation of health care coverage for that dependent.

Note: You are **not** required to provide verification for any dependents currently covered by any BCPS health plan.

Do **NOT** send original documents or the actual certified copy, which would have a raised seal. A **copy** of the document with the seal clearly visible is acceptable. Retain the original document(s) as we will **NOT** return the documents you submit.

Each piece of documentation must have the employee’s name on it and the last four digits of the employee’s social security number. BCPS has the authority to determine whether or not the documentation satisfies the Plan’s requirements.

Any fees associated with obtaining documents are your responsibility.

Use the following table as a reference when submitting documentation:

Relationship	Required Documents
Spouse	Copy of certified marriage license or copy of your most recent Federal Tax Return (filed jointly with spouse) with financial information blacked out and showing the spouse’s signature.
Domestic Partner	Completed BCPS domestic partner affidavit. Original notarized form required. Form is located on the BCPS Web site at www.bcps.org/offices/benefits/forms .
Natural Child	Copy of certified birth certificate.
Stepchild	1. Copy of birth certificate showing your spouse is the natural parent; and 2. Copy of marriage license showing the natural parent is your spouse.
Legally Dependent Child	1. Copy of court decree showing your financial responsibility for the dependent; and 2. Copy of birth certificate.

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Attached are documents for

Employee Name

Last 4 digits of Social Security Number are

Please choose only one of the following methods to return this information to our office.

Fax

To: Office of Benefits, Leaves and Retirements

From: _____

Fax: 410-887-8950

Date: _____

Phone: 410-887-8943

Pages: _____

Re: **Open Enrollment Dependent Eligibility Verification**

Interoffice Mail

Attach this completed form to all documents and send to:
Office of Benefits, Leaves and Retirements, Timonium

U.S. Post Office

Send to: **Office of Benefits, Leaves and Retirements**
1946 Greenspring Drive, Suite N
Timonium, MD 21093