

Dependent Verification Form

What is this document for?

We strive to provide you and your family with valuable benefit programs. To help maintain these programs, we must ensure that all enrolled members are eligible for coverage. Accordingly, all participants are required to provide documentation to validate their dependent's relationship to you, the participant.

This document provides directions for providing the necessary information to complete your dependent verification. This document, as well as all supporting documents, must be submitted, and eligibility must be approved or your dependent(s) will be removed from coverages retro to the date at which they were added to coverages.

Instructions:

1. Review the dependent eligibility chart attached or online at www.ibenefitcenter.com/aep.
2. Gather the acceptable supporting documentation.
3. You can submit documentation via the online Dependent Uploader at www.ibenefitcenter.com/aep. This can be found on the Dependent Verification page, after processing a Life Event. It can also be found in the Take Action box, by clicking the link titled, "Our records indicate you have one or more dependent(s) that are pending verification. Click here for additional information."
4. As an alternative to the online Dependent Uploader, please complete and sign the enclosed Dependent Verification Form and return it with all documentation as follows:

By Mail:

AEP Benefits Center
P.O. Box 622
Des Moines, IA 50306-0622

By Fax:

AEP Benefits Center
877-479-7454

Do not send original documents. They will not be returned.

Documentation Submission Checklist

1. Ensure the Dependent Verification Form and your document copies are legible. Avoid highlighting or copying on colored paper. If original documentation is not in English, provide translation of key items and an original copy of the document.
2. Sign and Date the Dependent Verification Form. Upload, Fax, or Mail the Dependent Verification Form with the copies of the documentation so they are received within 31 days of the date in which you enrolled your dependent(s).

Need help?

If you have any questions about this communication, please contact the AEP Benefits Center. Representatives are available via Live Chat at www.ibenefitcenter.com/aep or by phone at **1-888-237-2363**, Monday through Friday from 8:00 AM to 5:00 PM Eastern Time.

Sincerely,

AEP Benefits Center

Dependent Verification Form

I have enrolled the individuals listed below for coverage under the AEP Benefits Program. By my signature below, I am certifying that they meet the eligibility requirements for coverage under the Plan and that the attached documents, validating their relationship to me are true and accurate.

Dependents:

Relationship _____

Dependent Name _____

Relationship _____

Dependent Name _____

Relationship _____

Dependent Name _____

Relationship _____

Dependent Name _____

Relationship _____

Dependent Name _____

Relationship _____

Dependent Name _____

Relationship _____

Dependent Name _____

Signature of Employee _____

Date _____

Do not send original documents. They will not be returned.

*Documents Attached (please list the documents you are mailing):

Acceptable Documentation and Support

Enrolling Eligible Dependent	Acceptable Documentations
<p data-bbox="186 310 597 344">Spouse/ Same Sex Spouse</p> <p data-bbox="186 730 734 793"><i>NOTE: To maintain confidentiality, please black out SSN and financial information</i></p>	<p data-bbox="782 310 878 340">Copy of:</p> <ul data-bbox="829 373 1416 472" style="list-style-type: none"><li data-bbox="829 373 1182 403">○ Certified Marriage Certificate<li data-bbox="829 415 1416 472">○ Common law marriage affidavit, only for states that recognize common law marriage (if applicable) <p data-bbox="782 487 1383 571">AND a photocopy of one of the following if spouse is being added for the first time with a life event other than marriage:</p> <ul data-bbox="829 583 1432 751" style="list-style-type: none"><li data-bbox="829 583 1425 640">• Current mortgage deed or lease document showing both names (you and your spouse)<li data-bbox="829 640 1432 697">• Current statement from joint bank or credit card account showing both names (you and your spouse)<li data-bbox="829 697 1399 751">• Most current available tax return showing you are married (must show the name of your spouse) <p data-bbox="782 787 1172 816">○ Marriage Certificate must contain:</p> <ul data-bbox="802 823 1156 934" style="list-style-type: none"><li data-bbox="802 823 1140 852">• Name of the employee/retiree<li data-bbox="802 852 1042 882">• Name of the spouse<li data-bbox="802 882 1003 911">• Date of marriage<li data-bbox="802 911 1156 934">• Certifier's signature/official seal

Child

Includes any of the following:

- a) A natural child
- b) A step-child
- c) A foster child
- d) A legally adopted child
- e) Children placed for guardianship whether through a court of law or as an acting guardianship

NOTE: To maintain confidentiality, please black out SSN and financial information

Copy of one of the following:

- o **Natural/Step Child**
 - **Birth Certificate: Must contain**
 - Name of the employee/retiree or spouse as the parent
 - Name of the child
 - Date of birth; **OR**
 - **Hospital Birth Record / Mother's Letter: Must contain**
 - Name of the employee/retiree or spouse as the parent
 - Name of the child
 - Date of birth; **OR**
 - **Naturalization Certificate or Consular Report of Birth Abroad: Must contain**
 - Name of the employee/retiree or spouse as the parent
 - Name of the child
 - Date of birth;
- o **Adopted Child-**
 - **Certificate of Adoption: Must contain**
 - Name of the employee/retiree or spouse as the adopting parent
 - Name of the child
 - Notary signature/indication document has been filed in court;
- o **Legal Guardianship/Foster Child**
 - **Court Order: Must contain**
 - Name of the employee/retiree or spouse as the legal guardian
 - Name of the child
 - Notary signature/indication document has been filed in court;
- o **Acting Guardianship:**
 - Acting Guardianship Affidavit (can be provided upon request by contacting the AEP Benefits Center at 1-888-237-2363 or online at www.ibenefitcenter.com/aep under Forms)

PLUS, if age 26 or older:

The dependent's disability status must be approved by your medical carrier. Please contact the medical carrier for additional information.