



Dependent Verification Form

Last Name: _____ First Name: _____ Middle Initial: _____
UR ID#: _____ Date Submitted: _____ Paid: Monthly Bi-weekly

Dependent Information

Please list dependents and **submit all required documentation** as listed on the following page. This form is for dependent verification purposes only; you must use the Benefit Enrollment/Change form or BannerWeb to add benefits/coverages for your verified dependents.

Name: Last, First, M.I.	SSN	Relationship	Legally Married (Y/N)	DOB	Gender (M/F)
		Self			
		Spouse			
		Child			
		Child			
		Child			
		Child			
		Child			
		Child			
		Child			
		Child			
		Child			
		Child			
		Child			

Send this completed form and documentation to Human Resources at URHR@richmond.edu.

Employee Signature

Date

Acceptable Documents for Dependent Verification

Enrollment in the insurance plans and/or tuition benefits will not be processed without required documentation. Please note that international documents without an official English translation will not be accepted.

The following is acceptable documentation for dependent verification.

Relationship	Eligibility Requirement	Documentation to Submit
Legal Spouse	Legal spouse of the Employee	The following document: Employee's 2019 or 2020 filed federal income tax return Form 1040 – the first page only (social security numbers and financial information should be blacked out).
Children UNDER age 26	<ul style="list-style-type: none"> • Biological child(ren); • Stepchild(ren); • Legally adopted child(ren) or child(ren) placed in your home for final adoption; • Foster child(ren); • Child(ren) under legal guardianship; <p>Child(ren) covered under a Qualified Medical Child Support Order.</p>	<ul style="list-style-type: none"> • ONE of the following documents: • Birth certificate listing parents or adoption paperwork; issued by a State or County; or • Employee's 2019 or 2020 filed federal income tax return Form 1040 – the first page only listing the dependent children (social security numbers and financial information should be blacked out); or • Qualified Medical Child Support Order (QMCSO) which requires child support for benefit coverage; or • Court paperwork for legal guardianship.
Disabled Children OVER age 26	<ul style="list-style-type: none"> • An unmarried child who became disabled before reaching age 26 and is incapable of self-sustaining employment by reason of mental or physical handicap. 	<p>BOTH of the following documents:</p> <ul style="list-style-type: none"> • The required documentation for a child UNDER age 26 listed above; AND • Any documentation verifying a permanent disability that began before the child attained age 26.