

## Required Dependent Verification Documents

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**\*\*\*Please note:** If your dependent verification documents are in a language other than English, you must have them translated by a 3<sup>rd</sup> party. Please upload and submit a copy of the original documents along with a copy of the translated documents.

**Changes must be made within 30 days of the event.**

<ul style="list-style-type: none"> <li>Spouse</li> </ul>	<ul style="list-style-type: none"> <li>Marriage license indicating date and place of marriage.</li> </ul>
<ul style="list-style-type: none"> <li>Child under age 26 (or under age 18 if adding dependent based on full legal custody)</li> </ul>	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><u>Existing Child</u> - Birth Certificate</li> <li><u>Newborn</u> - Birth Letter from hospital showing the employee as the parent</li> <li><u>Adoption</u> - Adoption decree naming employee as the adoptive parent</li> <li><u>Step-child</u> – Marriage license and child’s birth certificate</li> <li><u>Full Legal Custody</u> – Signed legal judgement granting the employee full legal custody (under age 18 only)</li> </ul>
<ul style="list-style-type: none"> <li>Child age 26 or older who is incapable of self-sustaining employment due to mental or physical incapacity who was covered prior to age 26</li> </ul>	<ul style="list-style-type: none"> <li>Prior to age 26, employee must apply for continued coverage and provide supporting medical documentation.</li> <li>Must also provide additional medical documentation of child’s condition periodically upon request by OGB/LSU First.</li> </ul>

## Qualifying Life Events

You must have a qualifying life event (QLE) in order to add or remove a dependent from insurance coverage outside of annual enrollment. Below is a list of qualifying life events and the documentation that is required to add/delete for each event.

**\*\*\*You have 30 days from the date of the QLE to make the changes. After 30 days, you will need to wait until Annual Enrollment to make changes\*\*\***

**\*If adding a dependent based on loss of coverage**, you will need to attach 2 documents in one file.

- 1) Dependent Verification document as listed above.
- 2) QLE document listed below that corresponds to your specific event

**If removing a dependent**, you will need to attach the QLE document listed below that corresponds to your specific event.

<ul style="list-style-type: none"> <li>• Birth (add LSU insurance)</li> <li>• Adoption (add LSU insurance)</li> <li>• Marriage (add LSU insurance)</li> <li>• Legal Custody (add LSU insurance)</li> </ul>	<ul style="list-style-type: none"> <li>• You will only need to submit the Dependent Verification listed above.</li> </ul>
<ul style="list-style-type: none"> <li>• Death of a Covered Dependent (remove from LSU insurance)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of certified death certificate or other official document.</li> </ul>
<ul style="list-style-type: none"> <li>• Divorce (remove from LSU insurance)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of official divorce, annulment or legal separation decree.</li> </ul>
<ul style="list-style-type: none"> <li>• Gain of other group coverage (remove from LSU insurance)</li> <li>• Gain of Medicaid or LA Chip (remove from LSU insurance)</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of other coverage that includes effective date of coverage and names of covered persons. <i>**Example – letter from employer or insurance company that coverage is through</i>  <i>**Example – official state document regarding Medicaid/LA Chip coverage</i></li> </ul>
<ul style="list-style-type: none"> <li>• <b>*Loss of other group coverage – also includes losing coverage through spouse’s employer (add LSU insurance)</b></li> <li>• <b>*Loss of Medicaid or LA Chip (add LSU insurance)</b></li> </ul> <p><b><i>*See notes above if you fall in this category.</i></b></p>	<ul style="list-style-type: none"> <li>• Proof of loss of other coverage that includes termination date of coverage and names of persons losing coverage. <i>**Example - letter from employer or insurance company that coverage was through</i>  <i>**Example – official state document regarding Medicaid/LA Chip coverage</i></li> </ul>
<ul style="list-style-type: none"> <li>• Marriage – Gain of coverage on new spouse’s plan (remove LSU coverage)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of certified marriage certificate AND proof of active enrollment on spouse’s plan on company letterhead; must show coverage effective dates of each named dependent.</li> </ul>