

Necessary Documentation for Enrolling Spouses and Dependents

To enroll a spouse or dependent, please submit the following documentation:

Spouse

Photocopy of town or city issued marriage certificate (church or Justice of the Peace certificates are **NOT** accepted) and for marriage dates more than a year ago a notarized [Employee Marital Status Affidavit](#) or a notarized [Retiree Marital Status Affidavit](#) **MUST** also be provided. Additionally, this affidavit **MUST** be provided to the [Benefits Administrator](#) annually before the coverage renews. Failure to do so could result in the termination of the coverage for the spouse.

To terminate coverage voluntarily, and avoid paying premiums, the subscriber **MUST** submit a signed termination form to the [Benefits Administrator](#) at least one week prior to the termination date requested. Subscribers **MUST** provide written notification to the [Benefits Administrator](#) within thirty (30) days of any change in marital status.

Divorced or Separated Spouse

Photocopy of the health insurance verbiage from the divorce/ separation agreement, the first page listing the names of both parties and the signature page and a notarized [Employee Marital Status Affidavit](#) **MUST** also be provided. Additionally, this affidavit **MUST** be provided to the [Benefits Administrator](#) annually before the coverage renews. Failure to do so could result in the termination of the coverage for the separated or ex-spouse.

To terminate coverage voluntarily, and avoid paying premiums, the subscriber **MUST** submit a signed termination form to the [Benefits Administrator](#) at least one week prior to the termination date requested. Subscribers **MUST** provide written notification to the [Benefits Administrator](#) within thirty (30) days of any change in marital status.

Surviving Spouse

A surviving spouse **MUST** provide a notarized [Surviving Spouse Marital Status Affidavit](#). Additionally, this affidavit **MUST** be provided to the [Benefits Administrator](#) annually before the coverage renews. Failure to do so could result in the termination of the coverage for the surviving spouse.

To terminate coverage voluntarily, and avoid paying premiums, the subscriber **MUST** submit a signed termination form to the [Benefits Administrator](#) at least one week prior to the termination date requested. Subscribers **MUST** provide written notification to the [Benefits Administrator](#) within thirty (30) days of any change in marital status.

Child(ren) until the age of 26

Photocopy of town- or city-issued birth certificate (long form listing parents' names) (hospital records are not accepted), or Court Order documenting guardianship, or adoption papers.