

## Dependent Verification Matrix

If you are unable to verify eligibility within 30 days of making your benefit elections, your dependents will not have coverage.

Type of Dependent	Acceptable documentation to submit (copies only, no originals)
<p><b>Legal Spouse</b> (marriage less than 1 year)</p> <p><b>Legal Spouse</b></p>	<ul style="list-style-type: none"> <li>• Copy of marriage certificate</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Completed Spousal Employment Verification Form (you only need to complete the form if enrolling your spouse in Ardent’s medical plan)</li> </ul> <ul style="list-style-type: none"> <li>• A copy of your most recent federal tax return (front page through line 6 of Form 1040 form)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Completed Spousal Employment Verification Form (you only need to complete the form if enrolling your spouse in Ardent’s medical plan)</li> </ul> <p><b>Note:</b> If your spouse files married separately, head of household or single, you will also need to submit their federal tax return for the most recent tax year. Please blackout any sensitive information.</p>
<p><b>Domestic Partner</b></p>	<ul style="list-style-type: none"> <li>• Ardent Affidavit of Domestic Partnership</li> <li>• <b>TWO</b> forms of documentation that provide proof of financial interdependence:             <ul style="list-style-type: none"> <li>○ Join check account or credit card statement</li> <li>○ Mortgage or deed showing joint ownership of real estate property</li> <li>○ Lease showing joint tenancy for residence</li> <li>○ Proof of common ownership of a motor vehicle</li> <li>○ Proof showing designation as primary beneficiary for life insurance or retirement benefits</li> <li>○ Proof of durable property or health care power of attorney</li> </ul> </li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Completed Spousal Employment Verification Form (you only need to complete the form if enrolling your spouse in Ardent’s medical plan)</li> </ul>
<p><b>Child (up to age 26)</b></p> <ul style="list-style-type: none"> <li>• Biological</li> <li>• Stepchild or child of Domestic Partner</li> <li>• Adopted</li> <li>• Foster</li> <li>• Legal Guardianship</li> <li>• Disabled Child age 26 or older</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of child’s birth certificate or hospital birth record</li> <li>• Copy of birth certificate showing your spouse/domestic partner as the child’s parent</li> <li>• Reissued birth certificate (listing adoptive parents) or adoption decree</li> <li>• Legal documentation naming you as the child’s foster parent or guardian</li> <li>• Birth certificate or legal documentation naming you as the child’s adoptive parent, foster parent or guardian</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Marriage certificate of parents or Ardent Affidavit of Domestic Partnership</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Statement of disability from Social Security</li> </ul>