

Relationship	Description	Documentation*
Spouse	<ul style="list-style-type: none"> • Your current lawful spouse • An ex-spouse is not an eligible dependent 	<ul style="list-style-type: none"> • Marriage certificate; and • Copy of your spouse's Social Security Card or Individual Taxpayer Identification Number (ITIN); and • Birth certificate (if spouse's date of birth is not stated on marriage certificate).
Child up to Age 26	<ul style="list-style-type: none"> • Biological Child 	<ul style="list-style-type: none"> • Birth certificate; and • Copy of your dependent's Social Security Card.
	<ul style="list-style-type: none"> • Adopted Child <ul style="list-style-type: none"> ○ a Child placed in your home by a licensed placement agency in connection with adoption; or ○ a foster Child for whom foster care payments are made and a petition for adoption has been filed 	<ul style="list-style-type: none"> • Copy of your dependent's Social Security Card; and • Birth certificate showing adoptive parents; or • Certificate of adoption; or • Adoption Agency acknowledgement of intent to adopt.
	<ul style="list-style-type: none"> • Stepchild <ul style="list-style-type: none"> ○ Your dependent stepchild who is in a regular parent-Child relationship, provided that no court order or agreement specifies that primary support or medical coverage for the stepchild is the obligation of an individual other than your spouse 	<ul style="list-style-type: none"> • Marriage certificate between you and parent of Child; and • Birth certificate of the stepchild; and • Copy of your dependent's Social Security Card.
	<ul style="list-style-type: none"> • Qualified Medical Child Support Order <ul style="list-style-type: none"> ○ Any Child for whom you are required to cover due to a court order 	<ul style="list-style-type: none"> • Copy of your dependent's Social Security Card; and • Court order signed by a judge; or • Medical support order issued by a state agency.
Child for Whom You are the Court-Appointed Legal Custodian or Guardian	<ul style="list-style-type: none"> • Any Child for whom you are the court-appointed legal custodian or guardian and for whom you are required to provide support 	<ul style="list-style-type: none"> • Copy of your dependent's Social Security Card; and • Court order signed by a judge.

Relationship	Description	Documentation*
Disabled Child	<p>A Child of any age who satisfies all the following conditions:</p> <ul style="list-style-type: none"> • The Child depends on you for more than one-half of his/her financial support; • The Child lives with you in the same principal residence for more than half the calendar year except for temporary absences due to special circumstances, such as education, illness or if the Child resides in a treatment center; • The Child was incapacitated before reaching the limiting age and while covered under the Fund; • If your Child is age 26 or older, he/she must have a Social Security Disability Award, which must be effective prior to age 26 to be eligible for continued Fund coverage; and • You provide the required proof of incapacity to the Fund Office within 12 months of the date the Child's coverage would have otherwise ended. <p>The Trustees reserve the right to have such eligible dependent examined by a doctor of their choice to determine the existence of such incapacity.</p>	<ul style="list-style-type: none"> • Copy of your dependent's Social Security Card; and • Birth Certificate; and • Marriage certificate between you and Child's parent if stepchild; and • Social Security Disability award; and • Request for Over-Age Dependent Coverage.
Dependent Parents	<p>Provided you are not married nor have any dependent Children</p> <p>A dependent parent who is eligible for tax-free health coverage as a "qualifying relative" under the requirements of Internal Revenue Code Section 152(d) who can be and is lawfully claimed as a dependent on the employee's federal income tax return for each plan year for which coverage is provided.</p>	<ul style="list-style-type: none"> • Copy of your (the employee's) birth certificate or copy of adoption papers; and • Copy of tax return for each Plan Year for which coverage is provided; and • Copy of parent's Social Security card; and • Copy of parent's birth certificate; and • Copy of parent's Medicare Card (if applicable).