Attachment #2: FEHB Family Member Eligibility Documents

The following table lists documents that may establish family member eligibility for FEHB coverage. The enrollee may remove personal financial information and Social Security Numbers before submission. Documents that are not in English must be accompanied by a certified or notarized translation.

Family Member	Acceptable Document(s) to Verify Eligibility

Spouse	• Married less than 12 months: copy of government-issued marriage certificate.
	• Married 12 months or more: copy of government-issued marriage certificate **and** one of the following sets of documents listing spouse:
	  ○ Front page of most recent tax year's Federal or State tax return; or
	  ○ Proof of common residency (*e.g.*, utility bill, other household bill, auto registration); and proof of financial interdependency (*e.g.*, shared bank statement, credit card statement, life or auto insurance policy).
	• Common law marriage: see Appendix 1

Child under age 26	A copy of any one of the following documents listing child and enrollee: • Government-issued birth certificate; or • Certificate of live birth; or • Front page of the most recent tax year's Federal or State tax return; or • Consular Report of Birth Abroad; or • Official paternity test; or • Voluntary affidavit of paternity or similar document; or • Court or administrative order (*e.g.*, National Medical Support Notice).
Adopted child under age 26	A copy of any one of the following documents listing child and enrollee: • Final adoption certificate or decree; or • Authorized letter from a placement agency for the purpose of adoption; or • Front page of most recent tax year's Federal or State tax return with child's name; or • Court or administrative order (*e.g.*, National Medical Support Notice).

Family Member	Acceptable Document(s) to Verify Eligibility
Stepchild under age 26	A copy of any one of the following documents: • Birth certificate, or final adoption certificate/decree, listing current spouse as parent; or • Front page of most recent tax year's Federal or State tax return with child's name; or • Court or administrative order (*e.g.*, National Medical Support Notice) The enrollee must also verify a spouse's eligibility (see above for required documents), even if not enrolling the spouse in an FEHB plan.

Foster child under age 26	Submit all of the following documents:
	• Certification of foster child status, available in Appendix 2;
	• Government-issued birth certificate or other document verifying child's date of birth
	• Documentation of regular and substantial support for the child, such as:
	  ○ Evidence of eligibility as a dependent child for benefits under other State or Federal programs;
	  ○ Proof of inclusion of the child as a dependent on the enrollee's front page of most recent tax year's Federal or State tax returns;
	  ○ Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child;
	  ○ Evidence of goods or services which show regular and substantial contributions of considerable value;
	  ○ Any other evidence which OPM, in guidance, deems to be sufficient proof of support.
	• If applicable, include copy of court order naming employee or spouse as child's legal guardian.

Disabled child age 26 or older who is incapable of self-support because of a physical or mental	Medical certificate stating the child is incapable of self-support because of a physical or mental disability that existed before he/she became age 26 and is expected to continue for more than one year. Additional information required to be included in the certification can be found here: www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members/#medcert.

Family Member	Acceptable Document(s) to Verify Eligibility
disability that began before 26th birthday.	

Appendix 1: Documents for Common Law Marriage

An employee's enrollment may cover a common law spouse under the FEHB Program only if the marriage was initiated within a State that recognizes such a marriage. The enrollee must provide the following information:

- A court order or judgment recognizing the marriage; or
- The employee's declaration indicating:
  - The date and State in which enrollee and spouse mutually agreed to become married;
  - The length of time enrollee and spouse have lived together;
  - All address or addresses at which enrollee and spouse have lived together;
  - Whether enrollee and spouse have been regarded among neighbors, friends, and relatives as being married spouses;
  - If the enrollee or spouse were previously married, the declaration must indicate date and place of each previous marriage as well as the date, place, and manner of termination (*i.e.*, death, divorce, or annulment); and
  - The employee's signature underneath the following statement:
    - WARNING: Any intentionally false statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).

In addition to the above, the employee must provide one of the following sets of documents listing the enrollee and the spouse:

- Front page of most recent tax year's Federal or State tax return;
- Proof of common residency (*e.g.*, utility bill, other household bill, auto registration) and proof of financial interdependency (*e.g.*, shared bank statement, credit card statement, life or auto insurance policy).

Upon receipt of the declaration and attachments, the employing office must complete the following information:

To be completed by agency or retirement system

REMARKS (include description of types of documents reviewed and findings)

1. Date received *(mm/dd/yyyy)*	2. Effective date of action *(mm/dd/yyyy)*	3. Personnel telephone number ( )
4. Name and address of agency or retirement system		5. Authorizing official *(please print)*
		6. Signature of authorized agency official

Employing offices must add a copy of the common law marriage declaration (without the supporting documents) to the employee's Official Personnel Folder or equivalent personnel file and send a copy to the FEHB Carrier.

Appendix 2: Certification for Foster Children

An employee must provide his or her employing office with the following foster child certification to establish a foster child's eligibility for FEHB coverage. The employing office must file the original statement in the employee's Official Personal Folder or equivalent personnel file and send a copy to the FEHB Carrier.

CERTIFICATION OF FOSTER CHILD STATUS

This is to certify that my foster child meets the following requirements for coverage under my enrollment in the Federal Employees Health Benefits (FEHB) Program:

- The child is unmarried and is under age 26 or over age 26 and incapable of self-support because of a disability that existed before age 26
- The child lives with me in a regular parent-child relationship
- I contribute regular and substantial support for the child
- I intend to raise the child into adulthood

Child's Name: _____

Child's Birth Date: _____

I have enclosed a Government-issued birth certificate or other document verifying my foster child's date of birth. I have also enclosed proof of my regular and substantial support for my foster child such as:

- Evidence of eligibility as my dependent child for benefits under other State or Federal programs
- Proof of inclusion of the child as a dependent on my income tax returns
- Canceled checks, money orders, or receipts for periodic payments from me for or on behalf of the child
- Evidence of goods or services which show regular and substantial contributions of considerable value
- Any other evidence which the Office of Personnel Management, in guidance, deems to be sufficient proof of support

I understand that I am required to immediately notify my employing office and my health benefits carrier if the child marries, moves out of my home, or ceases to be financially dependent on me. I understand that if this child moves out to live with a biological parent, the child loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability.

WARNING: Any intentionally false statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).

Enrollee's Name: _____

Enrollee's SSN: _____

Employing Agency or sub agency: _____

Duty Station Address: _____

Signature: _____

Date: _____

Phone Number: _____

Email: _____

To be completed by agency or retirement system

REMARKS (include description of types of documents reviewed and findings)

1. Date received *(mm/dd/yyyy)*	2. Effective date of action *(mm/dd/yyyy)*	3. Personnel telephone number ( )
4. Name and address of agency or retirement system		5. Authorizing official *(please print)*
		6. Signature of authorized agency official