



POLICY AND PROCEDURE MEMO

NO. 2.016
DATE: 3/20/2014 Updated

SUBJECT: PROOF OF RELATIONSHIP REQUIREMENT FOR
DEPENDENT BENEFIT COVERAGE

D. W. FitzGerald

CITY MANAGER

I. STATEMENT:

Rochester's benefit programs provide coverage for city employees as well as specific members of their families. The city pays a significant portion of the cost of medical coverage, including the cost of coverage for family members. Because of this, you are required to submit "proof of relationship" in order to cover your spouse and children. If you request medical and/or dental coverage for your spouse and/or child/children, you must show proof of relationship and sign the proof of relationship form.

II. PROCEDURE

Proof of Relationship

Benefit-eligible employees will be required to provide the following as proof of relationship for all dependents:

Coverage for a Spouse

- State-issued certified marriage certificate.

Coverage for Children

- *Natural children:* Certified birth certificate reflecting employee as a parent of the child;
- *Adopted children:* Certified adoption papers and/or certified birth certificate reflecting the employee as an adoptive parent of the child;
- *Stepchildren:*
 - Child's certified birth certificate reflecting employee's spouse as a parent of the child, and
 - A certified copy of employee's marriage certificate reflecting the marriage to one of the natural parents of the child.
- *Any other child:* Guardianship papers or other certified legal documentation reflecting that the employee is both legally and financially responsible for the child.

Coverage begins

If the documentation described above is not provided when the medical and/or dental application is submitted, such coverage will be extended for a period of two months.



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If the required documentation is not provided within two months, coverage for the spouse and/or child(ren) will be terminated as of the last day of the two-month period. A spouse or child who is removed from coverage may be added at the next open enrollment period, provided the applicable documentation is submitted at the time.

See Attached Form(s):

Employee Acknowledgement of Responsibility for Changes in Dependent Benefit Coverage Form

- END OF PROCEDURE -