

DEPENDENT ELIGIBILITY VERIFICATION AUDIT COVER SHEET

Instructions: Please print and complete this Cover Sheet with your full name, Employee ID Number, and a checkmark in the box next to the document that you will be submitting. Please write your Employee ID Number on each document that you submit. You must include a completed copy of this Cover Sheet when submitting your documentation by fax or mail. Do NOT use this Cover Sheet for uploading documents online.

San Francisco Health Service System Member:

Member Name	Employee ID

I have attached the following document(s) as acceptable forms of verification for SFHSS to verify my dependent's current eligibility.

Married Spouse or Qualified IRS Domestic Partner Dependent*

Please submit one of the following documents as proof of cohabitation/financial interdependency within the last 12 months:

- ☐ Federal Tax Return listing your spouse for tax year 2020 or 2021. *Please provide a filed copy of pages 1 and 2 of your tax return, which includes your dependent's name and signatures. Be sure to redact or cross out Social Security Numbers and any financial information before submitting.*

Non-IRS Qualified Domestic Partner Dependent

Please submit one of the following documents which includes your domestic partner, as a co-owner/co-signer, demonstrating cohabitation/financial Interdependency within the last 12 months:

- ☐ Mortgage Statement
- ☐ Homeowners or Renter's Insurance Statement
- ☐ Auto Loan Statement
- ☐ Bank Statement/Bank Letter showing account is active
- ☐ Auto Insurance
- ☐ Lease Agreement
- ☐ Credit Card Statement
- ☐ Municipality/County Property Tax Statement

**IRS Code Section 152 states that a dependent meets the IRS standard for tax-favored premium contributions if: Member lives with the enrolled dependent for the full taxable year, except for temporary absences for reasons such as vacation, military service, or education; enrolled dependent is a U.S. citizen, U.S. national, or a resident of the U.S., Canada or Mexico; the enrolled dependent received more than half of his or her support from Member during the tax year; enrolled dependent is not your "qualifying child" nor anyone's "qualifying child."*