

# BENEFITS

that make a difference



## Legacy Health MyBenefits Enrollment Instructions Dependent Eligibility

Dependent Type	Situation	Acceptable Documentation
<b>Spouse</b>	Legal Spouse (Excludes common law spouse; if you are divorced or legally separated your spouse is not eligible.)	Copy of state-certified marriage certificate <b>OR</b> Copy of last year's tax filing listing dependent as your spouse.
<b>Domestic Partner</b>	Domestic partnership	Copy of state or county Certificate of Registered Domestic Partnership <b>OR</b> Legacy Health Domestic Partnership Affidavit <b>AND</b> proof of joint financial responsibility within the previous 12-24 months (joint bank account, mortgage, lease, utility bill or credit account)
<b>Children Up to Age 26</b>	Biological child of you, your spouse, or your domestic partner	Copy of state-certified birth certificate or birth record listing employee or spouse as parent (marriage certificate or proof of domestic partnership may be required) <b>OR</b> Copy of last year's tax filing listing dependent as your child
	Adopted or Legal Guardianship (Legally adopted child or a child placed for adoption or legal guardianship with you, your spouse, or your domestic partner)	Copy of court documents showing date of adoption or legal guardianship
<b>Children Over Age 26 with Physical or Mental Disability</b>	Child as defined above who has a physical or mental disability which existed prior to their 26 <sup>th</sup> birthday	Disability must have existed before the child's 26 <sup>th</sup> birthday, <b>AND</b> The attending physician must complete the Disabled Dependent Certification form
<b>Grandchild, niece/nephew, parent or other relative</b>	If none of the situations above apply, the person is not considered an eligible dependent for Legacy Health benefits.	

Acceptable documentation must be submitted before the end of your 31-day enrollment or life event window to add your dependent to your coverage. Please include your name and employee number on the top of each document and either fax to (503) 415-5909, email [BenefitsDepartment@lhs.org](mailto:BenefitsDepartment@lhs.org) or upload to the MyBenefits portal.

*For questions about your benefits, call the Legacy HR Answer Center at 503-415-5100 or send an email to [HRanswer@lhs.org](mailto:HRanswer@lhs.org)*

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