

Here is the list of allowed documents:

	Dependents	Eligibility	Required Documentation
FEHB and Meritain	Spouse	Your legally married spouse	<ul style="list-style-type: none"> <li>Photocopy of marriage certificate registered through the county or state in which you were married</li> </ul>
Meritain Only	Domestic Partner	As defined in the Meritain Health Summary Plan Description (SPD)	<ul style="list-style-type: none"> <li>Completed Affidavit of Domestic Partnership and Declaration of Tax Status Form</li> </ul>
FEHB and Meritain	Child(ren)	<p>An eligible dependent child is defined as “child(ren)” to age 26 regardless of whether or not he or she is:</p> <ul style="list-style-type: none"> <li>Married</li> <li>Living with you</li> <li>In school</li> <li>Financially dependent on you</li> </ul>	<ul style="list-style-type: none"> <li>Natural Child – Photocopy of birth certificate showing the name of the employee</li> <li>Step Child – Photocopy of birth certificate showing the name of the employee’s spouse or partner as a parent and a photocopy of the marriage/partnership certificate showing the names of the employee and spouse/partner</li> <li>Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren) – Photocopy of Affidavits or Dependency, final Court Orders with the presiding judge’s signature and seal, or Adoption Final Decree with the presiding judge’s signature and seal</li> </ul>
FEHB and Meritain	Dependent Child(ren) with Disabilities	Any dependent child(ren) that is unable to earn his or her own living because of a mental or physical disability that started prior to the date he or she reached the maximum age for dependent children; and he or she depends on the plan participant for his or her principal support or maintenance	<ul style="list-style-type: none"> <li>Photocopy of documentation as noted above for the Child(ren) dependents and written verification of disability by a Physician</li> </ul>

## Enrolling for Coverage

To enroll in the medical plan you’ve chosen, download, complete and print the FEHB Health Benefits Election Form, ([http://www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf)), which includes step-by-step instructions for each section of the form, as well as other information you’ll need to enroll.

Provide the full names, addresses and social security numbers of any eligible dependents you plan to cover under your medical plan, so gather this information before you complete the election form.

Complete the Dental & Vision enrollment form. Be sure to sign the form, and send it back to your HR department, even if you decline coverage.