The following is a list of required dependent documents:

Plan	Dependents	Eligibility	Required Documentation
FEHB and MetLife/VSP	**Spouse**	Your legally married spouse	• Copy of marriage certificate or state of common law certificate registered through the county or state in which you were married.
MetLife/VSP Only	**Domestic Partner**	As defined in the Meritain Health Summary Plan Description (SPD)	• Completed Affidavit of Domestic Partnership and Declaration of Tax Status Form.
FEHB and MetLife/VSP	**Child(ren)**	An eligible dependent child is defined as "child(ren)" up to age 26 regardless of whether or not they are: • Married • Living with you • In school • Financially dependent on you	• Natural Child - Photocopy of birth certificate showing the name of the employee. • 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. • 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.
FEHB and MetLife/VSP	**Dependent Child(ren) with Disabilities**	Any dependent child who is unable to earn their own living because of a mental or physical disability which started prior to the date they reached the maximum age for dependent children; and they depend on the plan participant for their principal support or maintenance	• Photocopy of documentation as noted above for the Child(ren) dependents and written verification of disability by a Physician.

Enrolling for Coverage

To enroll in the medical plan you have chosen, download, complete, and print the FEHB Health Benefits Election Form at **www.opm.gov/forms/pdf_fill/sf2809.pdf** or by visiting **www.chugachbenefits.org**. This includes step-by-step instructions for each section of the form, as well as other information you will need to enroll.

You must provide the full names, addresses, and Social Security numbers of any eligible dependents you plan to cover under your medical plan.

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