Oregon Educators Benefit Board

Dependent Eligibility Matrix

Eligible Dependent Definition	Proof Type	Required Documentation for Proof of Eligibility
Legal Spouse "Spouse" means a person of the opposite sex who is a husband or wife. Except as provided in Oregon Constitution Article XV, Section 5a, a relationship recognized as a marriage in another state will be recognized in Oregon even though such a relationship would not be a marriage if the same facts had been relied upon to create a marriage in Oregon. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.	**Proof of Relationship**	**One of the following:** o **Marriage Certificate:** Must contain • Name of the member • Name of the spouse • Date of marriage • Certifier's signature and official seal**; OR** o **U.S. Tax Return Indicating Married (first page only):** Must contain • Tax authority (Federal) • From tax years 2010 or 2011 • Name of member • Name of the spouse • Married filing jointly, or married filing separately • If married filing separately, spouse's name must appear on form; *NOTE: To maintain confidentiality, please black out SSN and financial information;* **OR** o **Separation Agreement:** Must contain • Name of the member • Name of the spouse • Date of separation • Notarization date • Notary signature/stamp

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Domestic Partner by Certificate "Domestic Partner by Certificate," means an unmarried individual of the same sex who has entered into a "Declaration of Domestic Partnership" with the eligible member that is recognized under Oregon law.	**Proof of Relationship**	**The following:** o **State-Issued Certificate of Registered Domestic Partnership:** Must contain • Name of the member • Name of the domestic partner • Certificate date • Certifier's signature and official state seal
Domestic Partner by Affidavit "Domestic Partner by Affidavit" unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following: An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria: • Both are at least 18 years of age; • Are responsible for each other's welfare and are each other's sole domestic partners; • Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce; • Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon; • Have jointly shared the same regular and permanent residence for at least six months immediately preceding the date the Affidavit of Domestic Partnership is signed and submitted to the Educational Entity; and • Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.	**Proof of Relationship**	**The following:** o **OEBB Affidavit of Domestic Partnership:** Must contain • Name of the member • Name of the domestic partner • Date • Signature of both partners
	Proof of Shared Obligations, Responsibility or Residence	**PLUS** **ONE of the following:** o **Current Proof of Joint Mortgage or Joint Tenancy on a Residential Lease**: Must contain • Name of the member • Name of the domestic partner • Name of the mortgage company/landlord/rental company • Statement date from 2011 or 2012**; OR** o **Joint Bank Account or Joint Liabilities (credit cards, car lease)**: Must contain • Name of the member • Name of the domestic partner • Name of the bank or lending company • Statement date from 2011 or 2012 *NOTE: To maintain confidentiality, black out account number and financial information*; **OR** o **Auto Insurance or Utility Bill (electric, gas, phone, internet, cable, garbage, water)**: Must contain • Name of member • Name of the domestic partner • Name of the insurance or utility company • Bill date from 2011 or 2012; *NOTE: You may submit one document displaying both names, or you may submit two documents, one in each name showing the same address and dated within a 6-month period **and** within the past 12 months;* **OR** o **Current State Issued Driver's License or State Issued ID**: Must submit • Driver's license or State ID for member, **AND** • Driver's license or State ID for domestic partner *NOTE: Both forms of identification must show same address*

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Child of the Member, Spouse or Domestic Partner Includes any of the following (see list below) under the age of 26: a) A natural child b) A legally adopted child or a child legally placed for adoption c) A step-child ***NOTE: For step-children, children of the domestic partner or children legally adopted by the member's spouse or domestic partner, the member must also submit, as appropriate, a marriage certificate or other document such as a Certificate of Registered Partnership or OEBB Affidavit of Domestic Partnership to prove the member's relationship to the parent of the child.***	**Proof of Relationship**	**One of the following:** o **Birth Certificate, Hospital Birth Record or Naturalization Certificate/Report of Birth Abroad:** Must contain • Name of the member, spouse or domestic partner • Name of the child • Date of birth**; OR** o **Adoption Paperwork:** Must contain • Name of the member, spouse or domestic partner • Name of the child • Court ordered and signed legal adoption documentation or indication document has been filed in court**; OR** o **Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO):** Must contain • Name of the member, spouse or domestic partner • Name of the child • Statement of responsibility for health coverage • Court ordered and signed legal guardianship documentation
Disabled Dependent Child Includes any of the following (see list below) age 26 or older: a) A natural child b) A legally adopted child or a child legally placed for adoption c) A step-child and is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and all the following requirements are met: • The disability must have existed before attaining age 26. • The member must provide evidence to the Educational Entity or OEBB that (1) the person had health plan coverage, group or individual, prior to attaining age 26, and (2) health plan coverage continued without a gap until the OEBB health plan effective date. • The person's attending physician must submit documentation of the disability to the eligible member's OEBB health insurance plan for review and approval. If the person receives health plan approval, the health plan may review the person's health status at any time to determine continued OEBB coverage eligibility. • The person must not have terminated from OEBB health plan coverage after attaining the age of 26. ***NOTE: For step-children, children of the domestic partner or children legally adopted by the member's spouse or domestic partner, the member must also submit, as appropriate, a marriage certificate or other document such as a Certificate of Registered Partnership or OEBB Affidavit of Domestic Partnership to prove the member's relationship to the parent of the child.***	**Proof of Relationship**	**One of the following:** o **Birth Certificate, Hospital Birth Record or Naturalization Certificate/Report of Birth Abroad:** Must contain • Name of the member, spouse or domestic partner • Name of the child • Date of birth**; OR** o **Adoption Paperwork:** Must contain • Name of the member, spouse or domestic partner • Name of the child • Court ordered and signed legal adoption documentation or indication document has been filed in court**; OR** o **Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO):** Must contain • Name of the member, spouse or domestic partner • Name of the child • Statement of responsibility for health coverage • Court ordered and signed legal guardianship documentation
	Proof of Disability	**PLUS** o **Letter From OEBB Medical Plan Carrier:** Must contain • Name of the member, spouse or domestic partner • Name of the child • Statement that medical evidence has been reviewed and the child meets the disability requirements for coverage on OEBB plans • Date and text indicating the approval is currently in effect ***NOTE: DO NOT submit medical evidence to the Dependent Verification Center.***