Benefits Documentation Cover Sheet

Please complete and include this cover sheet with your Dependent Verification and/or Qualifying Life Event documentation and submit to Southwestern Health Resources Clinically Integrated Network Benefits Support.

- Submit your documentation via email to: SWHRCINBenefitsSupport@texashealth.org
- Documentation must be received within 31 days of your date of hire or within 31 days of the date your qualifying event occurred.

Employee Name:	**Event**: (New Hire, Birth, Marriage, etc.)
Employee ID Number:	**Event Date**:

Please list all covered dependents and indicate the documentation you are submitting.

List your Eligible Dependents (First and Last Name)	**Dependent Document** (Birth Cert., Marriage License, Proof of Shared Address, etc.)	**Qualifying Life Event Documents** (Loss of Coverage Letter, Legal Guardianship, etc.)
Example: *John Smith*	Birth Certificate	
Name:		
Name:		
Name:		
Name:		
Name:		
Signature:	Date:	Phone Number:

Need Assistance?

Please contact Southwestern Health Resources Benefits Support by emailing SWHRCINBenefitsSupport@texashealth.org or calling 1-877-698-4754, prompt 9 Monday through Friday, 8:00 a.m. to 5:00 p.m.

Dependent Verification Documentation

Eligible Dependents	Provide all documents noted below				
	Marriage Certificate/ 1040 Tax Return	Proof of Shared Address	Proof of Common Law Marriage	Birth Certificate	Adoption or Legal Guardianship Papers
Legal Spouse	✓	✓			
Common Law Spouse		✓	✓		
Child				✓	
Child – Stepchild	✓			✓	
Child – Adopted					✓
Child – Legal Guardianship					✓

Qualifying Life Events Required Documentation

Qualifying Life Event*	Documents Needed
Adoption	Adoption papers signed and dated by judge ***OR*** paperwork showing placement for adoption
Birth	Birth Certificate ***OR*** Verification of Birth Facts
Divorce	Divorce Decree (1st and last page signed and dated by judge)
Gain of Other Coverage *(Employee, Spouse, or Child)*	Document from the other employer or insurance company stating who gained coverage and the date coverage began
Loss of Other Coverage *(Employee, Spouse, or Child)*	Document from the other employer or insurance company stating who lost coverage and the date coverage ended
Legal Guardianship	Court Order that is signed and dated by a judge
Marriage	Marriage Certificate or Certification of Informal Marriage

**If you are adding new dependents to Medical, Dental, or Vision coverage, dependent verification documentation is required.*

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