

Veolia Acceptable Forms of Documentation For Dependent Verification/Substantiation

Dependent to be Substantiated	Documentation
<p>Employee's Spouse</p>	<p>At least <u>one</u> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of certified marriage certificate (depending on the state, county, town issued). <ul style="list-style-type: none"> • For non-U.S. marriages, provide a copy of both the original and translated marriage license/certificate. <input type="checkbox"/> Copy of most recent Federal Tax Return Form 1040 (first page, with blacked out financials). <ul style="list-style-type: none"> • Must state that employee is "married filing jointly" and list Spouse's name OR that employee is "married filing separately," list Spouse's name and both employee and spouse tax returns must be submitted
<p>Employee's Domestic Partner, Civil Union or Common Law Spouse</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Veolia's Affidavit of Domestic Partnership/Civil Union Partnership/Common Law Spouse <input type="checkbox"/> Copy of proof of common law marriage (state specific) or proof requested in Affidavit of Common Law Marriage.
<p>Employee's Dependent Child, Step-Child, or Child of Domestic partner</p>	<p>At least <u>one</u> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the dependent's birth certificate (state/county issued); <ul style="list-style-type: none"> • Must list parent(s) names • For non-U.S. births, provide a copy of both the original and the translated birth certificates <input type="checkbox"/> If the child is under two months old: hospital issued (i.e., certificate of live birth)). <ul style="list-style-type: none"> • Must list parent(s) names <input type="checkbox"/> Copy of most recent Tax Return Form 1040 (first page, with blacked out financials). <input type="checkbox"/> Paternity/DNA tests <input type="checkbox"/> In the case of a step-child, if your spouse is not currently enrolled in the Company's healthcare plan: Provide a copy of certified marriage license or certificate (depending on the state or county issued) certifying marriage to step-child's birth parent <input type="checkbox"/> Copy of domestic partner registration, or civil union registration, or proof requested in Affidavit of Domestic Partnership and birth certificate.

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Child Placed with the Employee for Intent of Adoption	<input type="checkbox"/> The court order or that granted the employee custody of the child.
An Alternate Recipient who is Covered under a Qualified Medical Child Support Order (QMCSO)	<input type="checkbox"/> Copy of the QMCSO that requires that the employee provide coverage.
An Employee's Disabled Dependent who is Incapable of Self-Sustaining Employment <i>NOTE: Carrier is responsible for health plan certification of a disabled dependent.</i>	<input type="checkbox"/> Copy of the dependent's state/county issued birth certificate. <ul style="list-style-type: none"> • Must list parent(s) names