

Dependent Verification Requirements

Submitting Your Dependent Documentation

- 1) You must submit documentation for each dependent you are enrolling in a medical, dental and/or vision plan for the first time. The type of required documentation depends on what kind of dependent you are enrolling and for some dependents, you will need to submit more than one type of documentation. Review the instructions on the next page to find the documentation options available for each type of dependent.
- 2) If your documentation includes financial information and/or Social Security Numbers (SSNs), you may black out this information except for the last four digits of SSNs.
- 3) To submit your documentation other than proof of joint financial dependency, follow these steps:
 - a. Go to myACI.Albertsons.com
 - b. From the **Me** page, click on the **Benefits** tile
 - c. Choose the name of the family member under **Pending Actions** to whom the documentation applies and follow the on-screen instructions to upload the document.
- 4) You must upload your documentation within **31 days** of the coverage effective date (or the date of the life event), **EXCEPT** if you are submitting documentation for a birth/adoption life event or a gaining/losing CHIP, Medicare, or Medicaid life event. Documentation for these life events must be received within 60 days of the coverage effective date (or the date of the life event). **If** you do not provide documentation by the deadline, your coverage changes will not take effect and you risk your dependents not having coverage.

Resources

Need help locating a document? These resources might help:

- Office of Vital Statistics: birth, death, marriage, and divorce certificates at <u>www.vitalchek.com</u>
- Local County Clerk Office: County-issued birth and/or marriage certificates

To submit proof of joint financial dependency, follow these steps:

- a. Go to myACI.Albertsons.com
- b. From the Me page, click on the **Document Records** tile
- c. Click on the Add button
- d. For document type, key in Benefits then Benefits Letter
- e. Follow the onscreen instructions to add your document and click on the **Submit button** to upload your document.



Instructions

Step 1: Find your dependent type in the table below to see the proof required. You may need to submit more than one type of documentation.

Dependent Type and Proof Required

Spouse – married less than one year

Proof of marriage

Spouse – married one year or longer

- Proof of marriage AND
- Proof of joint financial dependency

Note: If providing page 1 of the prior year's tax return as proof of marriage, additional proof of joint financial dependency is not required.

Domestic partner

- Proof of domestic partnership AND
- Proof of joint financial dependency

For more information on adding a domestic partner to your Albertsons coverage, visit https://myaci-benefits.com/benefits-basics/dp-benefits/.

Natural born child

Proof of parent/natural born child relationship

Child of domestic partner

- Proof of domestic partnership AND
- Proof of joint financial dependency AND
- Proof of parent/natural born child relationship showing the domestic partner as the parent

Note: A child of a domestic partner can be covered without covering the domestic partner on an Albertsons plan.

Stepchild

- Proof of marriage AND
- Proof of joint financial dependency AND
- Proof of parent/natural born child relationship showing the associate's spouse as the parent

Legally adopted child

Proof of legal adoption

Child of whom you have legal guardianship

• Proof of legal guardianship

Disabled child (over age 26)

- Proof of parent/child relationship natural born child, stepchild, legally adopted/legal guardianship or domestic partner 's child AND
- Proof of disability for child over the age of 26

Step 2: Match the color in the table on the left with the color in the table below to see the documentation options for the type of proof required.

| Proof Required with Documentation Options | | |
|--|---|--|
| Proof of domestic partnership | Marriage certificate including a valid signed and state-issued seal. Church-issued marriage certificates are NOT acceptable. First page of prior year's Federal or State tax return (either married filing jointly, or your tax return with your spouse's name showing "married filing separately") Affidavit of Domestic Partnership | |
| Proof of joint financial dependency | Mortgage, credit card or bank statement Utility bill from last three (3) months Rental/lease agreement Property tax statement for the last twelve (12) months Active auto insurance policy showing one spouse/domestic partner listed as owner and one as driver | |
| Proof of parent/ natural born child relationship | Birth certificate issued by the county, state or other government entity listing the parents' names Certificate of live birth (with additional requirements listed) Hospital record (with additional requirements listed) Paternity test Court child support order (with child's name) Report of birth abroad of a citizen of the US Note: If providing a certificate of live birth or hospital record, the document must include the following information: Child's name, parents' names, date of birth, and name of person completing the record. A child's SSN card with the child's name is NOT acceptable documentation. | |
| Proof of legal adoption | Court-approved adoption papers (with signature or seal), including adoption placement agreement and petition of adoption; must include child's name | |
| Proof of legal guardianship | Court-awarded legal guardianship papers (must list child's name) showing: You have been granted guardianship under state law AND You or your spouse/domestic partner are the child's legal guardian AND Your signature or court seal/stamp | |
| Proof of disability for child over the age of 26 | Disability certificate from the insurance carrier—contact medical carrier for forms; to be eligible to continue coverage, disability had to occur before age 26 Social Security paperwork indicating the dependent is currently receiving disability benefits | |

Gain or Loss of Coverage—Documentation Requirements

Gain or Loss of Medicare/Medicaid/CHIP Eligibility

If you or your dependent(s) gain or lose eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP), you must report the life event, enroll or disenroll affected individuals, and submit required documentation listed below.

| What You Need to Do | Timeframe |
|--|--|
| Report life event, and enroll affected individuals | 60 days from date of gain or loss of eligibility |
| Submit required documentation | 60 days from date of gain or loss of eligibility |

Documentation Requirements

- Printed on official letterhead of insurance carrier or include signature of authorized representative
- Include names of individuals affected by the coverage change
- List type of coverage impacted (medical, dental, vision)
- Include effective date of coverage gained or lost
- If you are adding new dependents to coverage under Albertsons medical, dental or vision plans, you must also submit dependent verification documentation as described on pages 1 and 2 of this document

Gain of Other Coverage

If you or your dependent(s) gain eligibility for coverage through another insurance provider, you must report the life event, enroll affected individuals, and submit required documentation listed below.

| What You Need to Do | Timeframe |
|--|---|
| Report life event, and enroll affected individuals | 31 days from the date of gain of other coverage |
| Submit required documentation | 31 days from the date of gain of other coverage |

Documentation Requirements

- Printed on official letterhead of insurance carrier or include signature of authorized representative
- Include names of individuals who gained coverage
- List type of coverage gained (medical, dental, vision)
- Include effective date of coverage gained

Loss of Other Coverage

If you or your dependent(s) lose coverage through another insurance provider, you must report the life event, disenroll affected individuals, and submit all required documentation listed below.

| What You Need to Do | Timeframe |
|--|---|
| Report life event, and enroll affected individuals | 31 days from the date of loss of other coverage |
| Submit required documentation | 31 days from the date of loss of other coverage |

Documentation Requirements

- Printed on official letterhead of insurance carrier or include signature of authorized representative
- Include names of individuals who lost coverage
- List type of coverage lost (medical, dental, vision)
- Include effective date of coverage termination
- If you are adding new dependents to coverage under Albertsons medical, dental or vision plans, you must also submit dependent verification documentation as described on pages 1 and 2 of this document

Divorce or Termination of Domestic Partnership

If you or your dependent(s) gain or lose coverage due to a divorce or termination of domestic partnership, you must report the life event, enroll or disenroll affected individuals, and submit required documentation as listed below.

| What You Need to Do | Timeframe |
|--|--|
| Report life event, and enroll affected individuals | 31 days from the finalized divorce decree or termination of domestic partnership |
| Submit required documentation | 31 days from the finalized divorce decree or termination of domestic partnership |

Documentation Requirements

- Divorce: A court-signed Divorce Decree showing the finalization date (not the filing date)
- Domestic Partnership: An Affidavit of Termination of Domestic Partnership

