

## FEHB Family Member Eligibility Documents and Qualified Life Event Document Certification

All new dependents added to FEHB coverage must be certified. You have 60 days from your event date to submit your Dependent Certification documentation to the JBC. If the documentation is not received by the deadline or is not approved, the FEHB coverage you elected will not take effect. Based on your election changes and event effective date rules, you may incur additional premiums due in arrears.

The following table presents a list of documents that may establish family member eligibility for FEHB coverage. You may remove personal financial information and Social Security Numbers before submission, and non-English documents must be accompanied by a certified or notarized translation.

LIFE EVENT	ACCEPTABLE DOCUMENTATION
<b>Marriage - Spouse</b>	<ul style="list-style-type: none"> <li>• <b>Married less than 12 months:</b> copy of government-issued marriage certificate</li> <li>• <b>Married 12 months or more:</b> copy of government-issued marriage certificate <b>and</b> one of the following sets of documents listing spouse:               <ul style="list-style-type: none"> <li>○ Front page of most recent tax year's Federal or State tax return; or</li> <li>○ Proof of common residency (e.g., utility bill, other household bill, auto registration) <b>and</b> proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy)</li> </ul> </li> <li>• <b>Common Law Marriage:</b> See Appendix 1</li> </ul>
<b>Divorce/Annulment</b>	<ul style="list-style-type: none"> <li>• Final Divorce Decree</li> <li>• Annulment Decree</li> </ul>
<b>Child under age 26</b>	<p>A copy of any one of the following documents listing child and enrollee:</p> <ul style="list-style-type: none"> <li>• Government-issued birth certificate</li> <li>• Certificate of live birth</li> <li>• Hospital discharge papers showing the date of birth</li> <li>• Explanation of Benefits from insurer showing child's date of birth (or date services were provided to mother as part of birth process)</li> <li>• Front page of the most recent tax year's Federal or State tax return</li> <li>• Consular Report of Birth Abroad</li> <li>• Official paternity test</li> <li>• Voluntary affidavit of paternity or similar document</li> <li>• Court or administrative order (e.g., National Medical Support Notice)</li> </ul>
<b>Stepchild under age 26</b>	<p>A copy of any one of the following documents:</p> <ul style="list-style-type: none"> <li>• Birth certificate or final adoption certificate/decreed listing current spouse as parent</li> <li>• Front page of most recent tax year's Federal or State tax return with child's name</li> <li>• Court or administrative order (e.g., National Medical Support Notice)</li> </ul> <p>The enrollee must also verify a spouse's eligibility (see above for required documents) even if not enrolling the spouse in an FEHB plan.</p>

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<b>Adopted child under age 26</b>	<p>A copy of any one of the following documents listing child and enrollee:</p> <ul style="list-style-type: none"> <li>• Final adoption certificate or decree</li> <li>• Authorized letter from a placement agency for the purpose of adoption</li> <li>• Front page of most recent tax year's Federal or State tax return with child's name</li> <li>• Court or administrative order (e.g., National Medical Support Notice)</li> </ul>
<b>Foster child under age 26</b>	<p>This will be certified by the <b>Administrative Office</b>.</p> <p>Submit all of the following documents to <a href="mailto:Benefits_Mailbox@ao.uscourts.gov">Benefits_Mailbox@ao.uscourts.gov</a>, not the JBC:</p> <ul style="list-style-type: none"> <li>• Certification of foster child status</li> <li>• Government-issued birth certificate or other document verifying child's date of birth</li> <li>• Documentation of regular and substantial support for the child, such as: <ul style="list-style-type: none"> <li>○ Evidence of eligibility as a dependent child for benefits under other State or Federal programs;</li> <li>○ Proof of inclusion of the child as a dependent on the enrollee's front page of most recent tax year's Federal or State tax returns;</li> <li>○ Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child;</li> <li>○ Evidence of goods or services which show regular and substantial contributions of considerable value;</li> <li>○ Any other evidence which OPM, in guidance, deems to be sufficient proof of support.</li> </ul> </li> <li>• If applicable, include copy of court order naming employee or spouse as child's legal guardian.</li> </ul>
<b>Child turned 26</b> (only if dependent is not listed in system)	<ul style="list-style-type: none"> <li>• Letter from carrier stating loss of coverage and effective date</li> <li>• Child's birth certificate</li> <li>• Previous SF-2809 including child and stating child's date of birth</li> </ul>
<b>Disabled child age 26 or older who is incapable of self-support</b>	<p>This will be certified by the <b>Administrative Office</b>.</p> <p>Medical certificate stating the child is incapable of self-support because of a physical or mental disability that existed before he/she became age 26 and is expected to continue for more than one year.</p> <p>Additional information required to be included in the certification can be found here: <a href="https://jnet.ao.dcn/human-resources/benefits/benefit-plan-resources/child-incapable-self-support">https://jnet.ao.dcn/human-resources/benefits/benefit-plan-resources/child-incapable-self-support</a></p>
<b>Death of spouse or eligible family member</b>	<ul style="list-style-type: none"> <li>• Death certificate</li> </ul>
<b>Separation while pregnant</b>	<ul style="list-style-type: none"> <li>• Copy of Termination RDE</li> <li>• Copy of Resignation letter</li> </ul>
<b>Employee becomes entitled to Medicare</b>	<ul style="list-style-type: none"> <li>• Medicare notification letter</li> </ul>

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LIFE EVENT	ACCEPTABLE DOCUMENTATION
<b>Loss of federal insurance coverage, Eligibility for Medicare and/or Medicaid</b>	<ul style="list-style-type: none"> <li>Letter or notice from government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare stating when coverage ended or will end</li> </ul>
<b>Loss of insurance coverage under non-Federal Health plan</b>	<ul style="list-style-type: none"> <li>Letter from private sector health carrier showing loss of coverage and effective date</li> <li>Letter from company on letterhead showing loss of coverage and effective date</li> </ul>
<b>Loss of coverage under non-Federal health plan and spouse terminates employment to accompany employee</b>	<ul style="list-style-type: none"> <li>Letter from private sector health carrier showing effective date of loss of coverage</li> <li>Letter from company on letterhead showing effective date of loss of coverage</li> </ul>
<b>Gain in coverage under FEHB or another group plan</b>	<ul style="list-style-type: none"> <li>Letter from company on letterhead showing gain in coverage and effective date</li> <li>Letter from private sector health carrier showing gain in coverage and effective date</li> <li>Copy of medical card showing effective date of new coverage</li> </ul>
<b>Change in spouse or family member's coverage options under a health plan</b>	<ul style="list-style-type: none"> <li>Letter from company on letterhead showing changes in coverage and effective date</li> <li>Letter from private sector health carrier showing changes in coverage and effective date</li> </ul>
<b>Employee or eligible family member becomes eligible for Medicaid or CHIP</b>	<ul style="list-style-type: none"> <li>Letter from Medicaid or CHIP showing eligibility for coverage and effective date</li> </ul>

**You have 60 days from your event date to submit your Dependent Certification and Qualified Life Event documentation to the JBC.** You may submit your documentation as follows:

- **Submit your paperwork electronically:** Save time by uploading your completed paperwork to the JBC. Log in, click **Upload Documents** from the top menu, and follow the instructions.
- **Submit your paperwork by mail:** You may also send your paperwork to the following address:

Judiciary Benefits Center  
P.O. Box 18031  
Norfolk, VA 23501-1885

Or, if you'd like to overnight it, use the following address:

Judiciary Benefits Center  
1434 Crossways Blvd  
1st Floor - East Wing  
Chesapeake, VA 23320

- **Submit your paperwork by fax:** 1-855-904-0348

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APPENDIX 1	DOCUMENTS FOR COMMON LAW MARRIAGE
<p><b>Common law marriage</b></p>	<p>An employee’s enrollment may cover a common law spouse under the FEHB Program only if the marriage was initiated within a State that recognizes such a marriage. The enrollee must provide the following information:</p> <ul style="list-style-type: none"> <li>• A court order or judgment recognizing the marriage; <u>or</u></li> <li>• The employee’s declaration indicating all of the following: <ul style="list-style-type: none"> <li>○ The date and State in which enrollee and spouse mutually agreed to become married;</li> <li>○ The length of time enrollee and spouse have lived together;</li> <li>○ All address or addresses at which enrollee and spouse have lived together;</li> <li>○ Whether enrollee and spouse have been regarded among neighbors, friends, and relatives as being married spouses;</li> <li>○ If the enrollee or spouse were previously married, the declaration must indicate date and place of each previous marriage as well as the date, place, and manner of termination (<i>i.e.</i>, death, divorce, or annulment); and</li> <li>○ The employee’s signature underneath the following statement: <p style="margin-left: 40px;">WARNING: Any intentionally false statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).</p> </li> </ul> </li> </ul> <p>In addition to the above, the enrollee must provide any one of the following sets of documents listing the enrollee and the spouse:</p> <ul style="list-style-type: none"> <li>○ Front page of most recent tax year’s Federal or State tax return; or</li> <li>○ Proof of common residency (<i>e.g.</i>, utility bill, other household bill, auto registration) <u>and</u> proof of financial interdependency (<i>e.g.</i>, shared bank statement, credit card statement, life or auto insurance policy)</li> </ul>