University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

Proof of Relationship Requirement

The University of Missouri benefit programs provide coverage for faculty and staff as well as specific members of their family. The University of Missouri pays a significant portion of the cost of medical and dental coverage, including the cost of coverage for family members. Accordingly, the University requires proof of relationship be submitted in order for spouse, sponsored adult dependent or children coverage to be provided.

Effective June 1, 2000, all faculty and staff who request medical, dental and/or vision coverage for their spouse and/or child/children must provide proof of relationship confirming that the individual or individuals to be covered are eligible under the specific definitions of the plans. As of January 1, 2014, this policy applies to a sponsored adult dependent (see umurl.us/sponsored for more).

Certified copies or photocopies of certified documents are required. A photocopy must reflect the embossed seal or the official stamp of the certifying entity.

Informational copies are not acceptable, including hospital birth certificates, baptismal records, communion records, church marriage certificates and marriage licenses.

Documents written in a language other than English must be accompanied by a notarized English translation; consult the included for form for this purpose.

In the case of **coverage for a spouse**, a certified copy of the marriage certificate is required.
▪ Most states will have the certificate on file with the Recorder of Deeds of the county in which the marriage license was obtained and the marriage took place.
▪ If the marriage took place in the United States, the certified copy will include language verifying the marriage certificate is on file and often includes a stamp, signature or both.
▪ The required language (verifying the certificate is on file) may appear on the front of the document but is commonly on the back.

In the case of **coverage for a sponsored adult dependent**, an affirmation of Sponsored Adult Dependent Partnership must be completed and signed by the employee.
▪ The affirmation form is accessible online at https://collaborate.umsystem.edu/sites/hrpublic/documents/BENEFITS/CURRENT/SponsoredAdultDepen-AffirmationForm.pdf.

In the case of **coverage for children**, the requirements vary according to the actual relationship of the child.:
▪ for *natural children*, you must provide a copy of each child's certified birth certificate reflecting you as a parent of the child;
▪ for *step-children,* you must provide a copy of each child's certified birth certificate reflecting your spouse as a parent of the child AND a certified copy of your marriage certificate reflecting your marriage to one of the natural parents of the child;
▪ for *adopted children*, a copy of the adoption papers reflecting you as an adoptive parent of the child;
▪ for *any other child,* you must provide a copy of guardianship papers or other legal documentation reflecting that you are both legally and financially responsible for the child.

Note: In the case of "John Doe" birth certificates, that is, a certificate of birth that does not reflect a father's name:

▪ if the mother identified on the birth certificate is the University employee, such a certificate is acceptable;
▪ If the University employee is male, the male employee can add the child only by providing an amended birth certificate reflecting the male employee to be the father of the child; or an Order to Enroll issued by the Division of Child Support.

If the documentation described above is not provided at the time the faculty or staff member requests the coverage for a spouse, sponsored adult dependent, or children, the faculty or staff member will be enrolled to include coverage for the spouse, sponsored adult dependent and/or child or children as requested for a period of 31 days. Failure to provide the required documentation within 31 days of the coverage effective date, will result in retroactive termination of the Dependent's coverage to the date coverage began. In order to change subsequent coverage for a spouse or sponsored adult dependent the employee must reapply during annual enrollment, or during a special enrollment period, and provide the applicable documentation at that time.

In order to obtain subsequent coverage for a child(ren), different situations may exist:
▪ If additional premiums are required for the child's coverage, and proof of relationship is provided within 180 days of the first date of eligibility, coverage will be reinstated effective on the date that proper documentation is provided.
▪ If additional premiums are required for the child's coverage, and proof of relationship is provided beyond 180 days of the first date of eligibility, coverage will be reinstated on the first day of the calendar year following receipt of the documentation.
▪ If additional premiums are not required for the child's coverage, enrollment will be reinstated back to the first date of eligibility only when proper proof of relationship is provided.

Proof of Relationship Documentation Translation Form

TRANSLATION OF

_____

Type of document (i.e., birth certificate)

FOR

_____

Name of employee

I _____, confirm that the attached translation is a true, complete and accurate rendering into English of the

_____ *(identify language in which the original document is written)* original, a copy of which is also attached.

I also assure that to the best of my knowledge there exists no conflict of interest and/or relationship between me, my family, business or financial interest and the individual(s) for whom this translation has been performed that would negatively impact my neutrality.

My knowledge of the language of the original document is based on the following *(minimum of 5 years experience/knowledge is required).*

_____

_____

_____

_____

Printed name of translator

_____   _____

Signature   *Date*

In and for the County of _____, State of _____.

On this the _____ day of _____, 20_____, before me the undersigned Notary Public,

personally appeared _____,

☐ who is personally known to me

☐ proved on the basis of satisfactory evidence

and signed the above instrument, affirming that the translation is accurate and complete.

Notary name: _____

My commission expires on: _____

Notary signature: _____