

NASSAU COUNTY COMPTROLLER'S OFFICE

HEALTH BENEFITS UNIT

DOCUMENTATION REQUIRED TO ENROLL DEPENDENT(S)

Spouse	Domestic Partner	Child under age 26	Child over 26
1. Copy of Birth Certificate	1. Copy of Birth Certificate	1. Copy of Birth Certificate	1. Copy of Birth Certificate
2. Copy of Social Security Card (Copy of Medicare Card if applicable).	2. Copy of Social Security Card (Copy of Medicare Card if applicable).	2. Copy of Social Security Card.	2. Copy of Social Security Card (Copy of Medicare Card if applicable).
3. Copy of Marriage Certificate (if marriage took place more than one year ago- see #4 below).	3. Completed PS-425 Domestic Partner application and acceptable proof as defined in the application.	3. For Relationship of 'Other', a completed PS-457 Statement of Dependence is required along with proof that the dependent, (1) resides permanently in the enrollee's home and (2) receives more than 50 percent of support from the enrollee including medical expenses.	3. For Relationship of 'Other', a completed PS-457 Statement of Dependence is required along with proof that the dependent, (1) resides permanently in the enrollee's home and (2) receives more than 50 percent of support from the enrollee including medical expenses. Support by the enrollee for such dependent should have commenced before that child reached age 19.
4. For marriages that took place more than one year ago, Proof of current joint ownership/ joint financial obligations is required (ie; prior year's tax return) If tax document is not provided, a current bank statement, mortgage statement or homeowners policy may be provided.			4. A PS-451 Statement of Disability or proof Military Service.