

**Arlington Central School District
Benefits Department
144 Todd Hill Road
Lagrangeville, NY 12540**

HEALTH INSURANCE

If you are applying for FAMILY coverage the following information is required for auditing purposes:

FOR SPOUSE:

- ✓ Copy of Marriage Certificate (or Affidavit of Current Marital Status form signed both spouses and notarized—form available upon request) **AND**
- ✓ Copy of the front page of your most current federal tax return confirming this dependent as a spouse **OR**
- ✓ Documentation dated within the last 6 months establishing current relationship status such as a joint household bill, joint bank/credit account, joint mortgage or lease, listing you and your spouse's names.

FOR CHILDREN:

- ✓ Copy of child's birth certificate, naming you or your spouse as the child's parent or the appropriate adoption decree naming you or your spouse as the child's legal guardian **AND**
- ✓ Copy of the front page of the employee's most current federal tax return confirming the status of the child as a dependent; **OR** if applicable, a copy a divorce decree granting full or joint custody, **OR** if applicable, a copy of a court-issued Qualified Medical Child Support order (QMCSO) or other court order where you or your spouse are required to provide healthcare.

FOR DISABLED CHILDREN:

- ✓ Copy of child's birth certificate, naming you or your spouse as the child's parent or the appropriate adoption decree name you or your spouse as the child's legal guardian **AND**
- ✓ Supporting documentation with proof of disabled dependent status **AND**
- ✓ Copy of the front page of the employee's most current federal tax return confirming the status of the child as a dependent; **OR** if applicable, a copy a divorce decree granting full or joint custody, **OR** if applicable, a copy of a court-issued Qualified Medical Child Support order (QMCSO) or other court order where you or your spouse are required to provide healthcare.

NOTE: Black-out all personal income and financial information.