

What is Dependent Certification and How To Complete It

What is Dependent Certification? All employees are **required** to submit documentation that certifies their dependents are eligible for medical coverage under Inframark's Benefits Program.

Please complete by: end of day Monday, December 18, 2023

What happens if I don't complete this? Your newly added dependents will not have medical coverage effective January 1, 2024.

How do I complete dependent certification?

1. Download/print the dependent certification form which has been provided for you on the next page.
2. Complete the form in its entirety.
 - Under the "EMPLOYEE PROFILE" section, next to "Effective Date" you will need to put down the date that your Inframark benefits went into effect.
 - On the second page of the form is a list of acceptable documentation that you can submit for your dependents.
3. Gather the needed documentation.
4. Take a picture with your smartphone or scan all of your documentation and save them onto your computer as a PDF file.
 - JPG's and any other file format will not be accepted.
5. Go to www.inframarkbenefits.com
6. Log in to the Online Benefits Center with your six digit employee ID number and your unique password.
 - If you are unsure of your employee ID number, please ask your locations office manager/ manager/supervisor.
 - If you forgot your password, click on the "FORGOT MY PASSWORD" button to reset your password instantly.

For login help, please call the Online Benefit Center at (800) 307-0230.

7. After you've logged in, scroll down the page and click on the "UPLOAD DOCUMENTS" button.



8. Click the "BROWSE..." button to upload your documents **one at a time**.
 - **TIP:** Do not upload multiple documents at once as they will not submit properly.
9. After you've selected your first document to upload, click the "UPLOAD" button.
10. Repeat steps 8 and 9 until you have uploaded all of your documentation successfully.
11. You're done!

Please note, there is no formal confirmation that your documents have been received. If you would like to receive confirmation, please call the Online Benefits Center at (800) 307-0230 or send an email to employeebenefits@bakertilly.com.

For any additional questions you may have, please email benefits@inframark.com or call 866-545-3756.



Dependent Certification Form

Certification is **required** for all newly eligible dependents.

INSTRUCTIONS

Inframark requires all employees to submit documentation that certifies their dependents are eligible for medical coverage under its Benefits Program. To certify your dependents, you must complete this form in its entirety and submit the requested documentation. **For examples of acceptable types of documentation, please see the reverse side of this form.**

PHOTOCOPIES OF ORIGINAL VERSIONS OF DOCUMENTS ARE ACCEPTABLE AS THE DOCUMENTATION THAT IS SUBMITTED WILL NOT BE RETURNED TO YOU.

Please submit your completed Dependent Certification Form along with the required documentation to the Employee Benefits Service Center. You may submit your form and supporting documentation to the Employee Benefits Service Center by uploading it via www.inframarkbenefits.com You can call the Employee Benefits Service Center at 1-800-307-0230 to confirm receipt of your paperwork. **Failure to submit the required documentation by December 18, 2023, will result in the coverage for your newly added dependent(s) not going into effect January 1, 2024.** If you have any questions, please call the Benefits InfoLine at 866-545-3756.

Please Note: If you are enrolling a domestic partner in coverage under the Inframark Medical Benefits Plan, you will receive a Declaration of Domestic Partnership that you must complete and submit to the Employee Benefits Service Center with any applicable documentation.

EMPLOYEE PROFILE

Name: _____ Effective Date: _____

Address: _____ SSN: _____

Daytime Contact Info: _____
(Telephone Number and/or Email Address)

DEPENDENT CERTIFICATION

Please include the information requested below for all dependent family members who will be covered under the Inframark Medical Benefits Plan.

First Name	Last Name	SSN	DOB	Relationship	Gender	Documentation Provided
				SPOUSE	<input type="checkbox"/> M <input type="checkbox"/> F	
				CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	
				CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	
				CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	
				CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	
				CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	
				CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	

AUTHORIZATION

I hereby certify that the individual(s) named above satisfy the dependent eligibility rules under the Inframark Medical Benefits Plan. I acknowledge that the information above is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification. It is my understanding that any false or misleading information provided about myself and/or my dependent(s) as part of the benefits enrollment process may constitute insurance fraud and may be grounds for disciplinary action up to and including termination of employment.

Signature _____ Date _____

DEPENDENT DOCUMENTATION

The information below is only a guide to the types of documentation that can be provided for each dependent and does not in and of itself constitute the definition an eligible dependent. Please see your Benefits Guidebook or the Summary Plan Description (SPD) for full details.

Important Tips:

- **Black out social security numbers** appearing on any documents submitted.
- **Only send the first page** of any required Federal Tax Return that shows your dependents. *(No State Tax Returns are accepted in lieu of Federal Tax Returns.)*
- **Black out all monetary amounts** appearing on any documents, for example earnings listed on your Federal Tax Return or balances listed on a bank statement.
- **Examples of documents proving joint ownership are: Mortgage Statements, Credit Card Statements, Bank Statements, and Residential Leasing Agreements listing both parties' names as co-owners. The joint ownership may be established prior to the current year; however, the statement provided must be issued within the last six months.**
- **Proof of Marriage must be a Government-issued marriage license or marriage certificate (not a church issued certificate) including the date of your marriage.**
- **Birth Certificates must be Government-issued birth certificates listing both parents' names (not hospital-issued certificates or wallet-sized certificates).**

Dependent Type	Acceptable Types of Documentation
Legal Spouse	<p>Important Note: Two forms of proof ARE required in order to verify your legal spouse unless married within the past year.</p> <ul style="list-style-type: none"> • Government Issued Marriage Certificate AND Joint Federal Tax Return Issued Within Last 2 Years OR • Government Issued Marriage Certificate AND Proof of Joint Ownership Issued Within Last 6 Months (mortgage/lease payment, bank statement, credit card statement etc.) OR • Government Issued Marriage Certificate Only (if married within the past year)
Domestic Partner	<ul style="list-style-type: none"> • Notarized Affidavit of Domestic Partnership and TWO Proofs of Financial Interdependence of the Relationship (See the Affidavit for details.)
Common Law Spouse	<ul style="list-style-type: none"> • Notarized Affidavit of Common Law Marriage and TWO Proofs of Financial Interdependence of the Relationship (See the Affidavit for details.)
Biological Child	<ul style="list-style-type: none"> • Government Issued Birth Certificate
Step-Child or Child of a Domestic Partner	<ul style="list-style-type: none"> • Government Issued Birth Certificate, Government Issued Marriage Certificate, and Employee's Federal Tax Return Issued Within Last 2 Years OR • Government Issued Birth Certificate, Affidavit of Common Law Marriage (see above), and Employee's Federal Tax Return Issued Within Last 2 Years OR • Government Issued Birth Certificate, Affidavit of Domestic Partnership (see above), and Employee's Federal Tax Return Issued Within Last 2 Years
Adopted Child	<ul style="list-style-type: none"> • Adoption Placement Agreement and Petition for Adoption OR • Adoption Certificate
Legal Ward	<ul style="list-style-type: none"> • Government Issued Birth Certificate, Employee's Federal Tax Return Issued Within Last 2 Years, and Court Ordered Document of Legal Custody OR • Government Issued Birth Certificate and Court Ordered Document of Legal Custody (if custody is obtained within the past year)
Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> • Qualified Medical Child Support Order (must be ordered for the employee only)
If an Eligible Dependent Child is also:	The following documentation is required, <u>in addition to the documentation outlined above:</u>
Mentally or Physically Disabled (age 19 and over)	<ul style="list-style-type: none"> • Employee's Federal Tax Return Issued Within Last 2 Years and Disabled Dependent Certification Form