

Lancaster General Health Eligibility Documentation Matrix

The chart below outlines the documentation options that you can submit to verify the identity and eligibility for each dependent enrolled in health, dental and/or vision coverage.

Please note the following:

- Mark out any personal financial information such as income.
- Write LG Health and your name on each document.
- Retain a copy of all documentation and completed forms for your records
- Upload documentation to Workday.
- For questions email the LGH Benefits team at lgh-benefits@penntmedicine.upenn.edu.

Spouse

Please provide the following document(s) to verify Proof of Relationship:

- **Spouse Eligibility Form** - This form must be completed if you enrolled your spouse in LG Health benefits (health, dental and/or vision coverage).
- **First Page of Employee’s or Spouse’s Federal Tax Return**
Photocopy of the first page of the employee’s most recent federal tax return (form 1040) showing “Married Filing Jointly” *or* “Married Filing Separately.” The spouse’s name must be entered on the employee’s tax form in the space provided after the “Married Filing Separately” status.

If you are unable to provide Employee or Spouse’s Federal Tax Return, please provide one of the documents listed below to verify Proof of Relationship.

Proof of Relationship Documents

- **Certified Marriage Certificate or License**
Photocopy of certified marriage certificate with appropriate signature and stamp/seal showing on photocopy or legally valid marriage license from appropriate state or local government.
- **Immigration Paperwork**
Photocopy of immigration papers with appropriate signature and stamp/seal showing on photocopy that identifies employee/spouse relationship.

Natural Child, Adopted Child, Step Child, Dependent Child by Custody, Court Order, or Guardianship

Please provide one document for each child to verify Proof of Relationship.

- **Federal Tax Return**
Photocopy of the first page of the employee's or spouse's most recent federal tax return (form 1040) showing the child listed as an eligible dependent.
- **Certified Birth Certificate**
Photocopy of certified birth certificate with appropriate signature and stamp/seal showing on photocopy that identifies the parent/child relationship with the employee or spouse
- **Hospital Verification of Birth (Less than 6 months old)**
For children under 6 months old, photocopy of hospital verification of birth that identifies the employee or spouse as the child's parent
- **Certified Adoption Certificate**
Photocopy of certified court approved adoption document with appropriate signature and stamp/seal showing on photocopy that identifies the employee or spouse as the child's parent
- **Adoption Agreement**
Photocopy of placement letter/agreement from court or adoption agency that identifies the employee or spouse as the child's parent
- **Report of Birth Abroad**
Photocopy of report of birth abroad of a citizen of the United States (issued by the State Department with appropriate signature and stamp/seal showing on photocopy) that identifies the employee or spouse parent/child relationship
- **Court Ordered Health Coverage**
Photocopy of Qualified Medical Child Support Order (QMCSO) or;
Photocopy of National Medical Support Notice (NMSN) or;
Photocopy of court document with appropriate signature ordering child health coverage
- **Certified Divorce Decree**
Photocopy of certified Divorce Decree with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage
- **Certified Legal Guardianship**
Photocopy of certified court ordered legal guardianship document with appropriate signature and stamp/seal showing on photocopy
- **Immigration Paperwork**
Photocopy of immigration papers with appropriate signature and stamp/seal showing on the photocopy that identifies the parent/child relationship with the employee or spouse

Disabled Dependent

For disabled dependents, you must also provide **one** of the following:

- Photocopy of Social Security disability award letter
- Photocopy of current Social Security disability payment
- Photocopy of signed physician Disabled Dependent Verification Form certifying that the dependent is incapable of self-sustaining employment and dependent upon the employee or spouse due to a mental and/or physical disability. To request a blank Disabled Dependent Verification Form, email the LGH Benefits team at lgh-benefits@pennteam.upenn.edu.