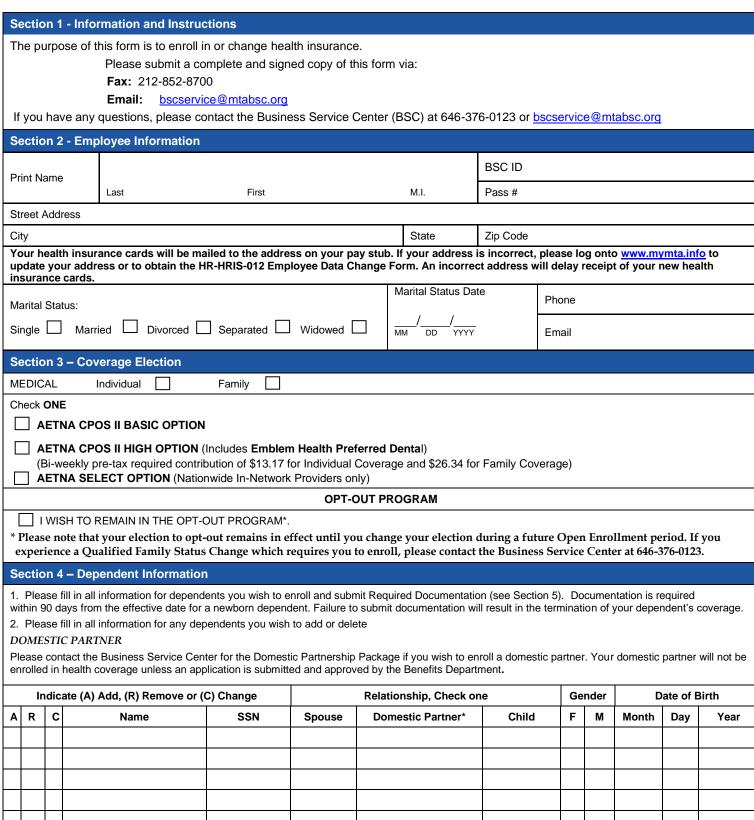
# Health Insurance Enrollment/Change Form

For NYCTA/MaBSTOA/MTA Bus Actives

Except ATU 726/ATU 1056/SIRTOA/Spring Creek (ATU 1181) and JFK (ATU 1179) HR-BEN-372





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### Section 5 – Required Documentation

### 1. For a Spouse

A copy of your Marriage Certificate, Birth Certificate, and Social Security card are required. In place of a required Birth Certificate, any of the following official government documents can be submitted.

Any other official Government documents are:

- A letter from Social Security containing your spouse's date of birth
- Valid US Passport
- Valid Driver's License-New York
- o Resident Alien Card
- Public Assistance ID Card
- o Government Employment ID

### AND

### If your date of marriage is more than one year old, proof of joint ownership is required.

Both the enrollee's and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof\* must be dated within the past 90 days. Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name must appear on the tax form on the line provided on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement\*
- Loan Obligation or Bank Account Statement\*
- Pension/life insurance/will, designating your spouse as beneficiary
- Mortgage Statement /Rental/Lease Agreement or Property Tax Document\*
- Utility/phone/internet/cable bills\*

# If you are removing a spouse due to divorce, please submit the first and last page of your divorce decree showing the court filing date.

### 2. For Children

- For a Natural-Born Child, a copy of:
  - Birth Certificate showing employee's name
  - Social Security Card
  - Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid and therefore not acceptable.
- For a Stepchild, or Legally Adopted Child, a copy of:
  - o Birth Certificate
  - Social security card
  - Legal documentation concerning adoption/guardianship

# Section 6 - Authorization

## I do hereby certify that to the best of my knowledge the above information is true and correct.

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are not eligible for another employer sponsored coverage.

## **Employee Signature:**

Date: