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To: State Employees of the SUNY Upstate Medical University
From: Human Resources Department, Employee Benefits
Subject: Proof of eligibility for health insurance coverage

Please be advised that due to a policy developed by the New York State Department of Civil Service, proof of eligibility must be submitted upon enrollment for (yourself and your dependents) in the New York State Health Insurance Program (NYSHIP).

PROOFS – ENROLLEE AND SPOUSE/DOMESTIC PARTNER

Enrollee and Spouse:

- Documentation of Date of Birth (Birth Certificate)
- Documentation of Social Security Number (Social Security Card)

Spouse (in addition to above):

- Documentation of Marriage (Marriage License). If your marriage license is over one year old, you must also submit proof of financial interdependence (i.e. most recent joint tax return).

Domestic Partner (with completed PS-425):

- Documentation of Date of Birth (Birth Certificate)
- Documentation of Social Security Number (Social Security Card)
- Additionally, you must submit two forms of proof from the list of specific documents to prove that you and your Domestic Partner have been jointly responsible for basic financial obligations and that you have done so for at least six months immediately preceding the date of application for Domestic Partner coverage.

PROOFS – DEPENDENT CHILDREN

All Children:

- Documentation of Date of Birth (Birth Certificate)
- Documentation of Social Security Number (Social Security Card - if newborn child please provide immediately upon availability)

Adopted Children (in addition to above):

- Documentation of Adoption (i.e. Final Custody Documents, Legal Custody Documentation if covering before adoption finalized)

Dependent Stepchildren (in addition to above):

- If dependent stepchild lives with enrollee full-time no additional proof needed
- If dependent stepchild does not live with enrollee full-time, enrollee must provide proof of “substantial” support or of legal obligation to pay. (i.e. Tax Return, Court order requiring support, or provision of health benefits, or other documents to provide reasonable proof of responsibility of the enrollee or the enrollee’s spouse for the child’s support or benefits.

Other Children: (in addition to above)

- PS-457 must be completed

(Rev. 8/18)