



**IBEW 125 – PGE HEALTH AND WELFARE TRUST  
ELIGIBILITY DOCUMENTATION POLICY  
PROOF OF DEPENDENT ELIGIBILITY DOCUMENTS**



**ELIGIBILITY REQUIREMENTS: SPOUSE**

Definition: Your legal spouse under state law.

Not eligible as a spouse:

- A dependent on active duty in the uniformed services or armed forces of any country.
- A former spouse or the former spouse's dependents after a divorce, even if the divorce decree or settlement agreement requires you to provide coverage under the Active Participant Plan (the former spouse and/or dependents may be entitled to continue coverage under COBRA).

**Acceptable Supporting Documentation: Submit Two Documents. One from Proof A and one from Proof B.**

**PROOF A: (to show event occurred)**

- Valid legal or religious marriage certificate, which must include:
  - Name of the employee and spouse
  - Date of marriage
  - Certifier's signature/official seal*(Employees married within the last 12 months do not need to provide Proof B.)*
- Common Law Spouse – see requirements listed on page 4, below
- Legal household/family registry document. The document must show spousal relationship.  
*(A registry document is only acceptable if you were married outside the U.S. and do not have a marriage certificate.)*

**PROOF B: (to show current relationship status)**

- Your Federal 1040 or state income tax return, which must:
  - Be from the most recent two tax years
  - Contain name of member and spouse
  - Indicate married filing jointly or married filing separately*(Only the page listing filing status and exemptions is required-see sample on following pages. E-Files are not accepted.)*
- Utility bill, which must:
  - Be dated within the last 12 months
  - Contain name of member and spouse as joint owners
  - Contain name of utility company
- Document from a bank account or financial institution, which must:
  - Be dated within the last 12 months
  - Contain name of member and spouse as joint owners of the account
  - Contain name of financial institution
- Insurance document (i.e., homeowner, renter or auto), which must:
  - Be dated within the last 12 months
  - Show member and spouse as joint account owners (Individuals listed as "drivers" on automobile insurance documents do not prove joint account ownership)
  - Contain name of insurance company
- Mortgage document or current lease, which must:
  - Be dated within the last 12 months
  - Contain name of member and spouse as joint owners or joint renters
  - Contain name of mortgage company, landlord or rental company
- Valid vehicle registration, which must:
  - Be dated within the last 12 months
  - Contain name of employee and spouse as joint owners
  - Contain name of state or county in which issued



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**ELIGIBILITY REQUIREMENTS: DOMESTIC PARTNER**

**Definition:** An eligible domestic partner must satisfy all of the requirements listed on the Plan's Affidavit of Domestic Partnership. The affidavit is available from the Trust Office.

Ineligible as a domestic partner:

- Any dependent on active duty in the uniformed services or armed forces of any country.
- A former domestic partner and/or the former domestic partner's dependents after termination of the domestic partnership, even if a court order or settlement agreement requires you to provide coverage under the Active Participant Plan (the former domestic partner and/or dependents may be entitled to continue coverage under COBRA)

**Acceptable Supporting Documentation: Submit Two Documents. One from Proof C and one from Proof D.**

**PROOF C:**

- Valid IBEW 125 - PGE H&W Trust Domestic Partner Affidavit, which must include
  - Names of the employee and domestic partner
  - Date of Notarization
  - Signature of Notary
  - Notary stamp

**PROOF D:**

- Utility bill, which must:
  - Be dated within the last 12 months
  - Contain name of member and domestic partner as joint owners
  - Contain name of utility company
- Document from a bank account or financial institution, which must:
  - Be dated within the last 12 months
  - Contain name of member and domestic partner as joint owners of the account
  - Contain name of financial institution
- Insurance document such as homeowner, renter or automobile, which must:
  - Be dated within the last 12 months
  - Show member and domestic partner as joint account owners (Individuals listed as "drivers" on automobile insurance documents do not prove joint account ownership)
  - Contain name of insurance company
- Mortgage document or current lease, which must:
  - Be dated within the last 12 months
  - Contain name of employee and domestic partner as joint owners or joint renters
  - Contain name of mortgage company, landlord or rental company
- Valid vehicle registration, which must:
  - Be dated within the last 12 months
  - Contain name of member and domestic partner as joint owners
  - Contain name of state or county in which issued
- Your Federal 1040 or state income tax return, which must:
  - Be from the most recent two tax years
  - Name member as person filing
  - Name of domestic partner listed as dependent with relationship of "Other"

*(Only the page listing filing status and exemptions is required – see sample on following pages. E-Files are not accepted)*



## IBEW 125 – PGE HEALTH AND WELFARE TRUST ELIGIBILITY DOCUMENTATION POLICY PROOF OF DEPENDENT ELIGIBILITY DOCUMENTS



### ELIGIBILITY REQUIREMENTS: CHILDREN UNDER AGE 26

**Definition:** Your children and step children (step children are the children of your spouse or domestic partner) are eligible until the end of the month that they reach age 26 which includes:

- a **biological child**;
- an **adopted** child or a child placed with for **adoption**;
- a **foster** child;
- a child or grandchild for whom you have **legal guardianship** or **court-ordered custody**. The child must be related to you, your spouse or your domestic partner by blood or marriage; or
- Child for whom coverage is required under a **Qualified Medical Child Support Order** applicable to the Member.

Not eligible as a child:

- Any dependent on active duty in the uniformed services or armed forces of any country.

### Acceptable Supporting Documentation: Submit One Document from Proof E:

#### **PROOF E:**

- Your Federal 1040 or state income tax return, which must:
  - Be from the most recent two tax years
  - List your dependent with the relationship as daughter, son or child*(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted)*
- Child's legal birth certificate, which must:
  - Contain the first and last name of member and spouse or domestic partner
  - Contain the name of the child
  - Indicate date of birth
- Legal household/family registry, must show relationship  
*(This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.)*
- Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must:
  - Contain the name of the member, and spouse or domestic partner, indicating parentage of the child
  - Contain the name of the child
  - Official signature or stamp indicating document has been filed
- Legal adoption, guardianship or legal custody papers, which must:
  - Contain the name of the member, spouse or domestic partner
  - Contain the name of the child
  - Official signature or stamp indicating document has been filed

### Additional Documentation for Step Children

A member providing documentation for a child of the Member's legal spouse or domestic partner must provide proofs listed above for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if member does not currently cover spouse or domestic partner.



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**ELIGIBILITY REQUIREMENTS: CHILDREN AGE 26 AND OVER**

**Definition:** A child who is disabled and who is age 26 and older may be covered provided ALL of the following requirements are met:

- The child is unmarried and dependent upon the Participant for support;
- The child is incapable of self-support because of a continuing physical, mental, or developmental disability; and
- The onset of the disability occurred before the child's 26th birthday.

**Acceptable Supporting Documentation: Submit Three Documents. One from Proof F, one from Proof G and one from Proof H.**

<b>PROOF F:</b>	<b>PROOF G:</b>	<b>PROOF H:</b>
<ul style="list-style-type: none"><li>• Any one of the documents listed for Child under age 26.</li></ul>	<ul style="list-style-type: none"><li>• Physician statement certifying that the dependent child cannot support himself/herself because of a physical or mental disability. <i>(The physician statement must be made on the physician's letterhead or form and must be dated within the last 12 months.)</i></li></ul>	<ul style="list-style-type: none"><li>• Trust Adult Child Enrollment Form, available from the Trust Office. <i>(The enrollment form must be completed and signed by the Member.)</i></li></ul>

**Additional Documentation for Step Children**

A member providing documentation for a child of the Member's legal spouse or domestic partner must provide proofs listed above for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if member does not currently cover spouse or domestic partner.

**ELIGIBILITY REQUIREMENTS: SPOUSE UNDER COMMON LAW MARRIAGE**

**Acceptable Supporting Documentation: Submit Two Documents. One from Proof A and one from Proof B.**

**Definition:** A common law spouse may be treated as a spouse only if the state in which you reside recognizes common-law marriages and you satisfy the state requirements at the time of enrollment.

<b>PROOF A: (to show event occurred)</b>	<b>PROOF B: (to show current relationship status)</b>
<ul style="list-style-type: none"><li>• Presently valid state-issued certificate, declaration or registration of common law or informal marriage (in applicable states) which must include:<ul style="list-style-type: none"><li>○ Name of the employee and spouse</li><li>○ Date of informal marriage</li><li>○ Certifier's signature/official seal</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Any of the documents listed above for a Spouse (Proof B)</li></ul>



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## **SAMPLE FEDERAL 1040 FORMs used as proof**

**Proof for Spouse:** Please mark out SSN's and financial information

<b>Form 1040</b> Department of the Treasury - Internal Revenue Service		(9) <b>2015</b> (OMB No. 1545-0374) IRS Use Only - Do not write or staple in this space.
U.S. Individual Income Tax Return		
For the year Jan 1-Dec 31, 2015, or other tax year beginning _____, ending _____, '10 See separate instructions.		
Your first name and initial		Last name _____ Your social security number _____
John		Smith
If a joint return, spouse's first name and initial		Last name _____ Spouse's social security number _____
Jane		Smith
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no. _____ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		
Foreign country name		Foreign province/state/county _____ Foreign postal code _____
<p><input type="checkbox"/> Single</p> <p><input checked="" type="checkbox"/> Married filing jointly (even if only one had income)</p> <p><input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►</p> <p><input type="checkbox"/> Qualifying widow(er) with dependent child</p>		
<p><input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►</p> <p><input type="checkbox"/> Qualifying widow(er) with dependent child</p>		
<p><input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.</p> <p><input type="checkbox"/> Spouse</p>		
<p><input type="checkbox"/> Dependents: (2) Dependent's social security number (3) Dependent's relationship to you (4) ✓ If child under age 17 qualifying for child tax credit see instructions</p>		
<p>(1) First name _____ Last name _____ Child 1 <input checked="" type="checkbox"/> Son <input type="checkbox"/></p>		
<p>If more than four dependents, see instructions and check here ► <input type="checkbox"/></p>		
<p>d Total number of exemptions claimed _____ Add numbers on lines above ► <input type="checkbox"/></p>		

**Proof for Domestic Partner:** Please mark out  
SSN's and financial information

Form 1040A U.S. Individual Income Tax Return (99) 2015 IRS Use Only—Do not write or staple in this space

<b>Label</b> See page 17.)	Your first name and initial  John	Last name  Smith	OMB No. 1545-0074
<b>Use the RS label.</b>	If a joint return, spouse's first name and initial  Last name		Your social security number
Otherwise, please print x-type.	Home address (number and street). If you have a P.O. box, see part H  123 Any Street		Spouse's social security number
Residential Election Campaign	City, town or post office, state, and ZIP code. If you have a foreign address, see part E  Anytown, Iowa XXXXX		For Spouse ONLY—A DP cannot be on this line Apt. no.
			You must enter your SSN(s) above. ▲
			Checking a box below will not change your tax or refund.
			► You □ Spouse
<b>Filing status</b> Check only one box.	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ►		
<b>Exemptions</b>	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c <b>Dependents:</b> (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you		
f more than six dependents, see page 20.	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 19)		
	Boxes checked on 6a and 6b No. of children on 6b on 6b who: • lived with you • did not live with you due to divorce or separation (see page 21) Dependents on 6c not entered above Add numbers on lines above ►		
	(4) <input type="checkbox"/> if qualifying child for child tax credit (see page 20) (5) <input type="checkbox"/> Other DP as "Other"		
	(1) <input type="checkbox"/> Donna Nobel (2) <input type="checkbox"/> Domestic Partner		
	d Total number of exemptions claimed.		

**Proof for Child under age 26:** Please mark out  
SSN's and financial information