



Eligibility Requirements	Acceptable Supporting Documentation
<p>DOMESTIC PARTNER Your same or opposite sex domestic partner</p> <p>*For a copy of the DP Affidavit refer to the DEV website under the Helpful Information tab</p> <p>Sample Federal 1040 Form</p>  <p>Please mark out SSN's and Financial Info</p>	<p>SUBMIT THREE DOCUMENTS - Submit ONE document from PROOF D, ONE document from PROOF E AND PROOF F:</p> <p>PROOF D:</p> <ul style="list-style-type: none"> Valid H&R Block Domestic Partner Affidavit*, which must include <ul style="list-style-type: none"> Names of the associate and domestic partner Date of Notarization Signature of Notary <p>AND PROOF E:</p> <ul style="list-style-type: none"> Utility bill, which must: <ul style="list-style-type: none"> Be dated within the last 12 months Contain name of associate and domestic partner as joint owners Contain name of utility company Document from a bank account or financial institution, which must: <ul style="list-style-type: none"> Be dated within the last 12 months Contain name of associate and domestic partner as joint owners of the account Contain name of financial institution Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> Be dated within the last 12 months Show associate 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: <ul style="list-style-type: none"> Be dated within the last 12 months Contain name of associate and domestic partner as joint owners or joint renters Contain name of mortgage company, landlord or rental company Valid vehicle registration, which must: <ul style="list-style-type: none"> Be dated within the last 12 months Contain name of associate e 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: <ul style="list-style-type: none"> Be from current or previous tax year Name associate as person filing Name of domestic partner listed as dependent with relationship of "Other" <p><i>(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted)</i></p> <p>PROOF F:</p> <ul style="list-style-type: none"> Complete H&R Block Surcharge Form

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<p>Child under age 26 Your children until the end of the month that they reach age 26 which includes:</p> <ul style="list-style-type: none"> a natural child, or a child placed with you for adoption a stepchild; or any other child for whom you have legal guardianship or court-ordered custody. <p>Sample Federal 1040 Form</p>  <p>Please mark out SSN's and Financial Info</p>	<p>SUBMIT ONE DOCUMENT- Submit a copy of one document from PROOF G: PROOF G:</p> <ul style="list-style-type: none"> Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> Be from current or previous tax year Contain the first and last name of associate or spouse or domestic partner* 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 or hospital birth certificate or affidavit of parentage, which must: <ul style="list-style-type: none"> Contain the first and last name of associate or spouse* 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: <ul style="list-style-type: none"> Contain the name of the associate or spouse 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: <ul style="list-style-type: none"> Contain the name of the associate or spouse Contain the name of the child Official signature or stamp indicating document has been filed <p>*Also required to prove the relationship between you and your stepchild: <i>If you are an associate providing documentation for a child of your legal Spouse or Domestic Partner, Mercer must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof D and E), even if you do not currently cover your Spouse or Domestic Partner.</i></p>

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<p>Child age 26 and over Any dependent disabled child, over the age of 26 who otherwise meets the criteria for "child" and is:</p> <ul style="list-style-type: none"> permanently disabled and not able to earn his or her own living because of a physical or mental disability which started prior to the date he or she reaches the maximum age for dependent children under the Plan. 	<p>SUBMIT TWO DOCUMENTS -Submit a copy of one document from PROOF H AND a copy of one document from PROOF I: PROOF H:</p> <ul style="list-style-type: none"> Any one of the documents listed for Child under age 26. <p>AND PROOF I:</p> <ul style="list-style-type: none"> Physician statement certifying that the dependent child: <ul style="list-style-type: none"> Cannot support them-self because of a physical or mental disability. All information must be included on physician's letterhead or form. <p>*Also required to prove the relationship between you and your stepchild: <i>If you are an associate providing documentation for a child of your legal Spouse or Domestic Partner, Mercer must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof D and E), even if you do not currently cover your Spouse or Domestic Partner.</i></p>