

Austin Independent School District Dependent Eligibility Matrix

Dependent Type	Preferred Documentation	Acceptable Alternative(s)
<p>A. SPOUSE Legal spouse or Common Law spouse of the opposite sex</p> <p>No Domestic Partnership</p>	<ul style="list-style-type: none"> • Copy of page 1 of your 2010 federal tax return (as filed) listing spouse <p>OR</p> <ul style="list-style-type: none"> • Copy of marriage certificate or Declaration of Common Law Marriage <i>plus</i> proof marriage is still current [recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days] 	<p>~ If married on or after June 1, 2011, marriage certificate alone is acceptable.</p> <p>For Common Law Marriage: Copy of Declaration of Common Law Marriage (as filed with the local courthouse) <i>plus</i> proof marriage is still current [recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days]</p>
B. CHILD		
<p>Child up to age 26</p> <p><i>[coverage ends on the child's 26th birthday]</i></p> <p>For eligibility purposes, <i>child</i> includes:</p> <ul style="list-style-type: none"> • natural child and stepchild • adopted child (including a child for whom you or your spouse is a party in a suit in which the child's adoption is sought) • child of your child (your grandchild) who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made (You are required to provide a copy of your 2010 federal tax return (as filed) claiming grandchild as a dependent) • child for whom you (or your spouse) has received a court order requiring that you (or your spouse) have financial responsibility for providing health insurance • child for whom you are legal guardian <p>Children Over Age 19 Please provide a Certificate of Creditable Coverage showing prior health coverage.</p>	<p>One of the following items, as applicable:</p> <ul style="list-style-type: none"> • Copy of page 1 of your 2010 federal tax return (as filed) listing child as dependent, OR • Copy of birth certificate, OR • Copy of certificate of adoption, OR • Copy of court order requiring you or your spouse to cover the child for health insurance • Copy of legal guardianship documents <p><i>Note for stepchildren: If you are covering a stepchild, and the child's parent is not a covered dependent, in addition to one of the items required above, you must also provide one of the items from Category A, Spouse.</i></p>	<p>For natural or stepchild:</p> <ul style="list-style-type: none"> ~ Copy of divorce decree or court order listing employee or spouse as parent and child with child's birth date ~ Birth card as long as last names of child & employee or spouse are the same ~ If no birth certificate, copy of hospital birth record listing parent(s), child, and child's date of birth ~ Paternity documentation that determines employee or spouse is the father of the child <p>For grandchild: Copy of employee's 2010 tax return (as filed) listing grandchild as dependent.</p> <p>For legal guardianship: Employee must provide the Court Order of Legal Guardianship showing employee or spouse as guardian of child.</p>
C. DISABLED CHILD		
<p>Unmarried child over the age of 26 who is medically certified as disabled and dependent upon you for support and maintenance</p>	<p>One of the items listed for category B above</p> <p>No additional documentation regarding disability is required for this review if disability documentation is on file with AISD</p>	<p>See category B above for dependency documentation alternatives</p>