



# UNIVERSITY OF MISSOURI FACULTY & STAFF BENEFITS PROOF OF RELATIONSHIP REQUIREMENT

The University of Missouri benefit programs provide coverage for faculty and staff as well as specific members of their family. The University of Missouri pays a significant portion of the cost of medical and dental coverage, including the cost of coverage for family members. Accordingly, the University requires proof of relationship be submitted in order for spouse and children coverage to be provided. This policy applies to all spouses and children for whom coverage is requested on or after June 1, 2000.

Effective June 1, 2000, all faculty and staff who request medical and/or dental coverage for their spouse and/or child/children must provide proof of relationship confirming that the individual or individuals to be covered are eligible under the specific definitions of the plans.

Certified copies or photocopies of certified documents are required. A photocopy must reflect the embossed seal or the official stamp of the certifying entity. Documents such as hospital birth certificates, baptismal records, communion records, church marriage certificates and marriage licenses are NOT acceptable. A marriage certificate contains the date the license was issued, the date the marriage took place and the date the document was recorded, whereas the marriage license only reflects that the individuals obtained a license to be married.

Documents written in a language other than English must be accompanied by a notarized English translation. (Form for this purpose is on the reverse side.)

In the case of **coverage for a spouse**, a copy of the certificate of marriage is required.

In the case of **coverage for children**, the requirements vary according to the actual relationship of the child, as follows:

- for **natural children**, you must provide a copy of each child's certified birth certificate reflecting you as a parent of the child;
- for **step-children**, you must provide a copy of each child's certified birth certificate reflecting your spouse as a parent of the child AND a certified copy of your marriage certificate reflecting your marriage to one of the natural parents of the child;
- for **adopted children**, a copy of the adoption papers reflecting you as an adoptive parent of the child; and
- for **any other child**, you must provide a copy of guardianship papers or other legal documentation reflecting that you are both legally and financially responsible for the child.

Note: In the case of "John Doe" birth certificates – that is, a certificate of birth that does not reflect a father's name:

- if the mother identified on the birth certificate is the University employee, such a certificate is acceptable;
- if the University employee is male, the male employee can add the child only by providing an amended birth certificate reflecting the male employee to be the father of the child.

If the documentation described above is not provided at the time the faculty or staff member requests the coverage for a spouse or children, the faculty or staff member will be enrolled to include coverage for the spouse and children as requested for a period of three months. If the required documentation is not provided within three months, coverage for the spouse and/or child or children will be terminated as of the last day of the three-month period. In order to change subsequent coverage for a spouse, the employee must reapply during an enrollment change period and provide the applicable documentation that time.

In order to obtain subsequent coverage for a child(ren), different situations may exist:

- If additional premiums are required for the child's coverage, and proof of relationship is provided within 180 days of the first date of eligibility, coverage will be reinstated effective on the date that proper documentation is provided.
- If additional premiums are required for the child's coverage, and proof of relationship is provided beyond 180 days of the first date of eligibility, coverage will be reinstated on the first day of the calendar year following receipt of the documentation.
- If additional premiums are not required for the child's coverage, enrollment will be reinstated back to the first date of eligibility only when proper proof of relationship is provided.



UNIVERSITY OF MISSOURI
FACULTY & STAFF BENEFITS DEPARTMENT

TRANSLATION OF

(Type of Document - i.e.: birth certificate)

FOR

(Name of Employee)

I, \_\_\_\_\_, confirm that the attached translation is a true, complete and accurate rendering into English of the \_\_\_\_\_ (identify language in which the original document is written) original, a copy of which is also attached. I also assure that to the best of my knowledge there exists no conflict of interest and/or relationship between me, my family, business or financial interest and the individual(s) for whom this translation has been performed that would negatively impact my neutrality.

My knowledge of the language of the original document is based on the following: (Minimum of 5 years experience/knowledge is required.)

Three horizontal lines for providing details of language knowledge.

(Printed Name of Translator)

Signature

Date

In and for the County of \_\_\_\_\_ State of \_\_\_\_\_ . On this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me the undersigned Notary Public, personally appeared \_\_\_\_\_,

- who is personally known to me.
proved on the basis of satisfactory evidence

and signed the above instrument, affirming that the translation is accurate and complete.

Notary Name: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Notary Signature: \_\_\_\_\_