

Benefits Documentation Cover Sheet

Please complete and include this cover sheet with your Dependent Verification and/or Qualifying Life Event documentation and submit to Texas Health Benefits Support.

- Submit your documentation via email to: THRBenefitsSupport@texashealth.org
- Documentation must be received within 31 days of your date of hire or within 31 days of the date your qualifying event occurred.

Employee Name:	Event: (New Hire, Birth, Marriage, etc.)
Employee ID Number:	Event Date:

Please list all covered dependents and indicate the documentation you are submitting.

List Your Eligible Dependents (First and Last Name)	Dependent Document (Birth Cert., Marriage License, Proof of Shared Address, etc.)	Qualifying Life Event Documents (Loss of Coverage Letter, Legal Guardianship, etc.)
Example: <i>John Smith</i>	Birth Certificate	
Name:		
Name:		
Name:		
Name:		
Name:		
Signature:	Date:	Phone Number:

Need Assistance?

Please contact Texas Health Benefits Support by emailing THRBenefitsSupport@texashealth.org or calling 1-877-MyTHRLink (1-877-698-4754), prompt 9 Monday through Friday, 8:00 a.m. to 5:00 p.m.

Dependent Verification Documentation

Eligible Dependents	Provide all documents noted below				
	Marriage Certificate - -or- 1040 Tax Return	Proof of Shared Address	Declaration of informal marriage filed with the county clerk	Birth Certificate	Adoption or Legal Guardianship Papers
Legal Spouse	✓	✓			
Common Law Spouse		✓	✓		
Child				✓	
Child – Stepchild	✓			✓	
Child – Adopted					✓
Child – Legal Guardianship					✓

Qualifying Life Events Required Documentation

Qualifying Life Event*	Documents Needed
Adoption	Adoption papers signed and dated by judge OR paperwork showing placement for adoption
Birth	Birth Certificate OR Verification of Birth Facts
Divorce	Divorce Decree (1 st and last page signed and dated by judge)
Gain of Other Coverage (Employee, Spouse, or Child)	Document from the other employer or insurance company stating who gained coverage and the date coverage began
Loss of Other Coverage (Employee, Spouse, or Child)	Document from the other employer or insurance company stating who lost coverage and the date coverage ended
Legal Guardianship	Court Order that is signed and dated by a judge
Marriage	Marriage Certificate or Certification of Informal Marriage

*If you are adding new dependents to Medical, Dental, or Vision coverage, dependent verification documentation is required.

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