

# Dependent Verification Matrix



Dependents enrolled in Carlisle benefits must meet the eligibility requirements below. Required documentation must be submitted within the applicable deadline. Financial information on tax documents may be blacked out.

## Documentation Deadlines

| Enrollment Event            | Documentation Deadline                |
|-----------------------------|---------------------------------------|
| New Hire                    | Within 30 days of date of hire        |
| Qualifying Life Event (QLE) | Within 30 days of the event date      |
| Annual Open Enrollment      | By the deadline communicated annually |

| Dependent Type                          | Eligible Dependent Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Required Documentation for Proof of Eligibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Spouse                            | A person who is legally married to the employee.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Tax Return — page one of the employee's most recent federal or state tax return, financial information can be blacked out. The form must show "married filing jointly" or "married filing separately" with spouse's name indicated, <b>OR</b></li> <li>Marriage Certificate</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Child<br>(employee's or spouse's child) | <p>Child(ren) covers the following until the age of 26:</p> <ul style="list-style-type: none"> <li>a. Natural child</li> <li>b. Stepchild</li> <li>c. Legally adopted child or a child legally placed for adoption</li> <li>d. Child by legal guardianship</li> </ul> <p><b>OR</b></p> <p>Your child who is age 26 or older and incapable of self-support because of a mental or physical disability and meets the IRS definition of a tax qualified dependent (Medical Proof will be required).</p> | <ul style="list-style-type: none"> <li>Tax Return — page one of the most recent federal or state tax return, financial information can be blacked out. It must include the name of the parent and the child, <b>OR</b></li> <li>Birth Certificate — must include the name of the employee, spouse or domestic partner, name of the child and the date of birth, <b>OR</b></li> <li>Hospital Footprints — (valid within first 60 days following birth) — must list full legal name of the baby and date of birth (not acceptable: Baby boy or Baby girl), <b>OR</b></li> <li>Adoption Paperwork — adoption paperwork must reflect that the child is the child of the employee or employee's spouse and contain the following information: name of the adoptive parent, name of child, judge's signature and date, <b>OR</b></li> <li>Court Order — court order must state that the employee or employee's spouse/domestic partner is the child's legal guardian and contain the following information: name of legal guardian (employee or spouse), name of the child, judge's signature and date, <b>OR</b></li> <li>Divorce decree, court order or Qualified Medical Child Support Order (QMCSO) — declaring the employee or employee's spouse to be legally responsible for providing health coverage for the child. This must include the name of the parent and the child and date of Divorce,</li> </ul> |

## Qualifying Life Events

If you are adding a dependent due to a **Qualifying Life Event (QLE)**, you must submit both the documentation supporting the Qualifying Life Event and the applicable dependent verification documentation listed above.

View the [Qualifying Life Event Matrix](#) for acceptable events and required documentation.

## Missed the Deadline?

If required documentation is not submitted within the applicable timeframe, you will need to submit a [Benefits Appeal Form](#) along with all required documentation. **Approval is not guaranteed.**

**If the appeal is approved retroactively**, any applicable retroactive premiums will generally be deducted within **1–2 pay cycles**