

Return completed form to:
LANL Benefits Office
benefits@lanl.gov
Fax: 505-665-2156

Form use: Add contacts to your Oracle record for the purpose of enrolling dependents in benefits coverage.

Benefit eligible dependents include:

- Legal spouse
- Domestic partner
- Children (natural, adopted, step or children of domestic partner)
- Legal ward
- Overage disabled children

Processing: Allow up to 5 business days for the Benefits Office to process this form before you enroll in benefits.



Important Information:

Dependents must be added to your Oracle record BEFORE you can enroll them in benefits.

Submitting this form alone, does not constitute an election to enroll your dependents. Dependents must be enrolled in benefits via Oracle LANL Worker Self Service.

Duplicate coverage is not permitted. This means you may not be covered in any Triad-sponsored plan as an employee and as a dependent, or as a dependent by more than one employee at the same time.

Instructions:

1. Complete all form fields for each dependent you would like to add to your Oracle contacts for enrollment in benefits. Use additional pages, as needed.
 - For relationship, please enter Spouse, Domestic Partner, Child or Legal Ward.
 - If contact is a Foreign National without a Social Security Number, enter FN in the SSN field.
2. Return completed Contacts Form with signed Employee Certification, all supporting documentation (see page 2 for details), and additional forms, if applicable, in one email to benefits@lanl.gov.
Please send from your LANL email or password protect for the protection of your contacts' personal information.
3. The Benefits Office will notify you when contacts have been added to Oracle. Once you have been notified, please proceed to enroll in benefits. *New hires: Please remember enrollment must be completed within 31 days of your hire date.*

Questions: Call or email the Benefits Office at 505-664-6947 (4-MYHR), option 3 or benefits@lanl.gov

Acceptable Supporting Documentation & Forms for Benefits Dependents

Include documentation with your LANL Contacts Form.

Eligible Dependents	Eligibility Requirement	Acceptable Supporting Documents & Additional Required Forms
Legal Spouse	Certified legal marriage	<ul style="list-style-type: none"> • Marriage certificate filed with a state or federal entity, <u>or</u> • Signed most recent federal tax return, if filed jointly
Domestic Partner	Must meet requirements of Declaration of Domestic Partnership (Form 1925a)	<ul style="list-style-type: none"> • Proof of relationship for at least 6 months as outlined on form 1925a • <u>Form 1925a - Declaration of Domestic Partnership</u> also required • <u>Form 3027 – Declaration of Tax-Favored Dependents</u>, if eligible*
Child – natural, step, placed for adoption, adopted, or Domestic Partner’s child	Up to age 26	<ul style="list-style-type: none"> • Birth Certificate or proof of birth (if newborn) • Adoption papers that list you as the adoptive parent <p>For step children and domestic partner children, spouse/domestic partner documentation above is also required.</p>
Legal Ward	Up to age 18, unmarried, living with you, and is a claimed tax dependent receiving at least half of their financial support from you	<ul style="list-style-type: none"> • Legal document granting custody <u>and</u> latest signed federal tax returns. • <u>Form 3028 - Declaration of Legal Ward as Eligible Dependent</u> also required
Overage disabled child	Over age 26, unmarried, and approved by the medical insurance provider prior to age 26 or during Period of Initial Eligibility for newly eligible employees.	<ul style="list-style-type: none"> • Birth Certificate or adoption papers that list you as the adoptive parent <u>and</u> • Approval from medical insurance provider <p><i>Once eligible, continuous coverage under a Triad group benefit must be maintained for the overage dependent. If coverage is dropped, coverage will no longer be available.</i></p>

***Imputed Income:** Triad assumes all domestic partners and domestic partner children are not IRS tax dependents. Therefore, the value of insurance coverage provided by Triad will be considered taxable income to the employee who enrolled the dependent(s) and taxes will be withheld accordingly from payroll. If your domestic partner and/or domestic partner children are qualified tax dependents, submit Form 3027.

LANL Contacts Form

Your Name: _____ Z#: _____
Last, First, Middle

 **SUPPORTING DOCUMENTATION IS REQUIRED for every contact added with the submission of this form. (See Instructions)**

** Required information*

Contact 1

*Name: _____ *Relationship: _____
Last, First, Middle

*Gender (M/F): _____ *Date of Birth: _____ *Social Security #: _____
Month/Day/Year

*Previous or Current LANL Employee: Y N Z# (If known): _____

If Yes, are you already covered for any LANL benefits under this contact? Y N

Address: _____ Address Same as Employee:
Street

City State Postal Code Country

*Phone: _____ Cell Home Work E-mail: _____

Contact 2

*Name: _____ *Relationship: _____
Last, First, Middle

*Gender (M/F): _____ *Date of Birth: _____ *Social Security #: _____
Month/Day/Year

*Previous or Current LANL Employee: Y N Z# (If known): _____

If Yes, are you already covered for any LANL benefits under this contact? Y N

Address: _____ Address Same as Employee:
Street

City State Postal Code Country

*Phone: _____ Cell Home Work E-mail: _____

LANL Contacts Form, continued

Your Name: _____ Z#: _____
Last, First, Middle

Additional contacts, if needed.

 **SUPPORTING DOCUMENTATION IS REQUIRED for every contact added with the submission of this form. (See Instructions)**

** Required information*

Contact 3

*Name: _____ *Relationship: _____
Last, First, Middle

*Gender (M/F): _____ *Date of Birth: _____ *Social Security #: _____
Month/Day/Year

*Previous or Current LANL Employee: Y N Z# (If known): _____
If Yes, are you already covered for any LANL benefits under this contact? Y N

Address: _____ Address Same as Employee:
Street
City State Postal Code Country

*Phone: _____ Cell Home Work E-mail: _____

Contact 4

*Name: _____ *Relationship: _____
Last, First, Middle

*Gender (M/F): _____ *Date of Birth: _____ *Social Security #: _____
Month/Day/Year

*Previous or Current LANL Employee: Y N Z# (If known): _____
If Yes, are you already covered for any LANL benefits under this contact? Y N

Address: _____ Address Same as Employee:
Street
City State Postal Code Country

*Phone: _____ Cell Home Work E-mail: _____

Include additional pages, as needed, for more contacts.

LANL Contacts Form - Employee Certification

By signing this form, I agree to the following Terms and Conditions: The LANL Benefits Office reserves the right to request additional dependent information, including, but not limited to, birth certificates, tax documentation, social security numbers, and any other information deemed necessary.

Dependency Affidavit: I certify the spouse or domestic partner and/or child(ren) listed as dependents above meet the eligibility requirements as outlined in the Triad Welfare Benefit Plan for Employees.

Signature

Month/Day/Year
Date Signed

Printed Name

BENEFITS OFFICE USE ONLY

Date Received: _____ By: _____

Date Processed: _____ By: _____

Date Validated: _____ By: _____