

## List of Acceptable Documents

### BLACK OUT ALL SOCIAL SECURITY NUMBERS & FINANCIAL INFORMATION




**Instructions:**

1. **Select** one document from column **A** **AND** one document from column **B** (unless otherwise specified)
2. **Submit** documents to [benefits@sdcoe.net](mailto:benefits@sdcoe.net)

Eligible Dependent Type	All foreign documents must be translated by a certified translator according to USCIS guidelines.		
	A		B
<b>Legal Spouse</b>	<input type="checkbox"/> If married <b>more than one year</b> , 2018 (or 2019) Federal Tax Return <input type="checkbox"/> If married <b>less than one year</b> , Government-issued Marriage Certificate		***Please make a selection from column A only***
<b>Domestic Partner</b>	<input type="checkbox"/> Registered Certificate of Domestic Partnership issued by the State of California		***Please make a selection from column A only***
<b>Biological Child</b> (under the age of 26)	<input type="checkbox"/> Government-issued Birth Certificate <input type="checkbox"/> Court Order of Legal Custody		***Please make a selection from column A only***
<b>Adopted Child</b> (under the age of 26)	<input type="checkbox"/> Government-issued Birth Certificate <input type="checkbox"/> Legal Adoption Certificate/Order		***Please make a selection from column A only***
<b>Stepchild</b> (under the age of 26)	<input type="checkbox"/> Government-issued Birth Certificate	<b>AND</b>	<input type="checkbox"/> If married <b>more than one year</b> , Employee's 2018 (or 2019) Federal Tax Return <input type="checkbox"/> If married <b>less than one year</b> , Employee's Government-issued Marriage Certificate <input type="checkbox"/> Employee's Registered Certificate of Domestic Partnership issued by the State of California
<b>Legal Guardianship</b> (under the age of 18)	<input type="checkbox"/> Government-issued Birth Certificate	<b>AND</b>	<input type="checkbox"/> Government-issued Letters of Guardianship
<b>Child with a Disability</b> (over the age of 26)	<input type="checkbox"/> Government-issued Birth Certificate	<b>AND</b>	<input type="checkbox"/> Notice of disability determination from medical carrier (within 6 months) <input type="checkbox"/> Notice of disability determination from the Social Security Administration (within 6 months)

**The VEBA Administrator may request additional documentation supporting eligibility.**

**Any document(s) presented and/or submitted to the VEBA Administrator will not be collected or retained.**

<u>CONTACT US</u>	<u>SUBMIT DOCUMENTS</u>	<u>FOR QUESTIONS</u>
 (858) 295-8809 <u>Monday through Friday</u> 8 a.m. to 5 p.m. PST	 <a href="mailto:benefits@sdcoe.net">benefits@sdcoe.net</a>	 <a href="mailto:benefits@sdcoe.net">benefits@sdcoe.net</a>