

AUSTIN INDEPENDENT SCHOOL DISTRICT

Intake Checklist for Qualifying Individual Coverage

Employee: _____
 Last Name First Name MI

Qualifying Individual: _____
 Last Name First Name MI

Child of Qualifying Individual: _____
 Last Name First Name MI Age

Child of Qualifying Individual: _____
 Last Name First Name MI Age

Child of Qualifying Individual: _____
 Last Name First Name MI Age

Use this list to ensure that the individuals are eligible for enrollment in Qualifying Individual coverage.

Did you receive a signed and notarized certification form from the AISD employee on or before required cafeteria plan deadlines for new hires, qualifying life events, and/or open enrollment? Fill in date signed and notarized certification was received (or postmarked).

Date received: _____

Did you receive documentation (in the form described below) evidencing that the Qualifying Individual has resided with the AISD employee for the last 12 months? Indicate (X) which documentation was submitted.

_____ A copy of the first page of the individual's 2013 Federal income tax return reflecting the same residential address as the AISD employee

_____ A copy of a utility, telephone or cable bill designating the individual as a payor on the account during a period that occurred at least 12 months prior to the application date and reflecting the same residential address as the AISD employee

Did you receive documentation (in the form described below) evidencing that the Qualifying Individual is at least 18 years old? Indicate (X) which documentation was submitted.

_____ A copy of the individual's driver's license

_____ A copy of other government-issued identity card reflecting the age of the individual

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- Did you receive documentation (in the form described below) evidencing that the Qualifying Individual is dependent upon, or interdependent with, the AISD employee? The AISD employee must submit one document from two (2) different categories. Indicate (X) which documentation was submitted.

Category 1:

- _____ A copy of a joint loan obligation
- _____ A copy of a joint mortgage
- _____ A copy of a joint lease agreement
- _____ A copy of joint title of a vehicle

Category 2:

- _____ A copy of a life insurance policy for the AISD employee or the Qualifying Individual designating the other as beneficiary
- _____ A copy of a retirement benefits account for the AISD employee or Qualifying Individual designating the other as beneficiary
- _____ A notarized will of the AISD employee or Qualifying Individual designating the other as beneficiary
- _____ A notarized will of the AISD employee or Qualifying Individual designating the other as executor

Category 3:

- _____ A power of attorney granted to the Qualifying Individual for purposes of health care of the AISD employee
- _____ A power of attorney granted to the Qualifying Individual for purposes of financial management of the AISD employee,
- _____ A power of attorney granted to the AISD employee for purposes of health care of the Qualifying Individual

Category 4:

- _____ Proof of a joint bank account between the AISD employee and the Qualifying Individual
- _____ Proof of a joint credit account between the AISD employee and the Qualifying Individual
- _____ Proof that the AISD employee or Qualifying Individual has signatory authority over the other's bank or credit account

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- If the AISD employee indicated that the Qualifying Individual is his/her Tax Spouse, did you receive a copy of the marriage certificate? Indicate the state and date of marriage below.

State/Jurisdiction/Country: _____

Date of marriage: _____

- If the AISD employee indicated that the child of the Qualifying Individual is his/her child for Federal tax purposes, did you receive a copy of the marriage certificate with the Qualifying Individual? Indicate the state and date of marriage below.

State/Jurisdiction/Country: _____

Date of marriage: _____

- If the AISD employee indicated that the child of the Qualifying Individual is his/her tax dependent, have you requested additional documentation (as described below) to reflect this status? Indicate (X) the documentation received. Note: There is no documentation specified in the FAQs for this purpose because it is unlikely that this will apply except in rare circumstances.

_____ Documentation that the child lives at the same residence as the AISD employee for at least one-half of year, such as mail delivered for the child to the same address as the AISD employee

_____ Documentation that the AISD employee provides over half of the child's support, such as a certification that the AISD employee provides over one half of the child's support, taking into account all sources of support received by the child (including from the Qualifying Individual, a non-custodial parent, scholarships, and the like)

_____ Documentation that the Qualifying Individual (or any other person) cannot claim an income tax exemption for, such person as a "qualifying child" Note: If the child is under age 19 (or under age 24 and a full-time student), then it is likely that another person can claim an income tax exemption for the child (in which case the child could not be the AISD employee's tax dependent).

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- If the Qualifying Individual will be enrolled for coverage, have you confirmed that the AISD employee is currently enrolled in the Benefit Programs in which the Qualifying Individual is to be enrolled? Complete the table below and indicate (X) if the AISD employee is currently enrolled in such coverage.

Name of Benefit Program	Mark (X) if enrolling Qualifying Individual in Benefit Program	Mark (X) if AISD employee is currently enrolled in Benefit Program
Health Plan		
Dental Plan		
Vision Plan		
Voluntary Critical Illness Plan		
Voluntary Life and AD&D Plan		
Voluntary Dependent Life Plan		

- If a child of a Qualifying Individual will be enrolled for coverage, have you confirmed that the AISD employee is currently enrolled in the Benefit Programs in which a child is to be enrolled? Complete the table below and indicate (X) if the AISD employee is currently enrolled in such coverage.

Name of Benefit Program	Mark (X) if enrolling any child of Qualifying Individual in Benefit Program	Mark (X) if AISD employee is currently enrolled in Benefit Program
Health Plan		
Dental Plan		
Vision Plan		
Voluntary Critical Illness Plan		
Voluntary Life and AD&D Plan		
Voluntary Dependent Life Plan		

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- If the AISD employee is enrolling a Qualifying Individual in coverage, has the AISD employee completed the enrollment application to enroll the Qualifying Individual in the selected coverage?
Note: The AISD employee may be required to provide additional information regarding the Qualifying Individual, such as gender, social security number and other information required by the insurance carrier or administrator for enrollment.

- If the AISD employee is enrolling a child of a Qualifying Individual in coverage, has the AISD employee completed the enrollment application to enroll such child in the selected coverage?
Note: The AISD employee may be required to provide additional information regarding the child, such as gender, social security number and other information required by the insurance carrier or administrator for enrollment.

Approved By: _____

Date: _____
