

***Please mark out SSN's and Financial Info***

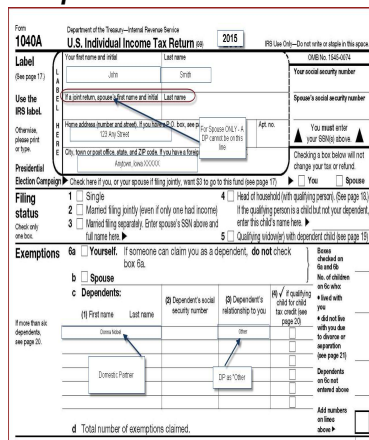
## Eligibility Requirements

### DOMESTIC PARTNER

Your same or opposite sex domestic partner if you and your domestic partner meet the following requirements:

- Be at least 18 years of age and mentally competent to consent to the contract
- Not to be legally married to or legally separated from anyone else nor have had another Domestic Partner within the prior 24 months
- Intend to remain each other's sole Domestic Partner indefinitely
- Live together in the same principal residence for at least 12 months and intend to do so indefinitely
- Be engaged in a committed relationship of mutual caring and support and are jointly responsible for each other's common welfare and living expenses
- Not to be related by blood closer than would prohibit marriage in the state the employee lives in
- Demonstrate their interdependence by at least 3 of the following:
  - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in policy
  - Common ownership of a motor vehicle
  - Driver's license or passport listing a common address
  - Same automobile insurance policy
  - Joint bank accounts or credit accounts
  - Designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
  - Assignment of a durable property power of attorney or health care power of attorney

### Sample Federal 1040 Form



The image shows a sample of the 2015 U.S. Individual Income Tax Return (Form 1040). Key sections visible include:
 

- Header:** Form 1040A, Department of the Treasury—Internal Revenue Service, U.S. Individual Income Tax Return, 2015.
- Labels:** Your first name and initial, Last name, Your social security number, Your spouse's social security number.
- Use the IRS label:** Check one box: (a) I am not married, (b) I am married and filing jointly, (c) I am married and filing separately, (d) I am a surviving spouse.
- Exemptions:** Section 6a, b, c, d. Includes checkboxes for Spouse, Dependents, and Qualifying relatives.
- Dependents:** Section 6c, includes a table for listing dependents with fields for name, relationship, and SSN.

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## Acceptable Supporting Documentation

SUBMIT **ONE** DOCUMENT from **PROOF B** OR **THREE** DOCUMENTS from **PROOF C**:

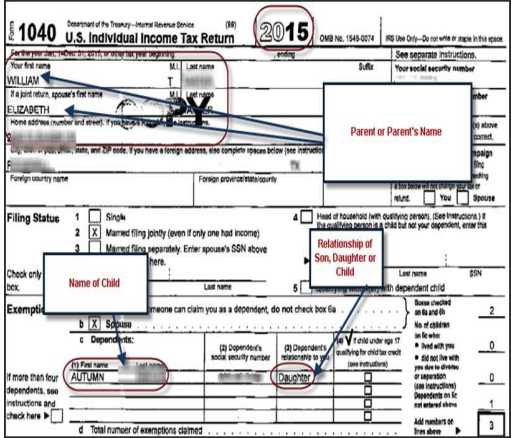
### PROOF B

- Valid Smiths Group Domestic Partner Affidavit, which must include
  - Names of the employee and domestic partner
  - Date of Notarization
  - Signature of Notary
- State-issued Certificate of Domestic Partnership, which must include
  - Names of the employee and domestic partner
  - Date of Certificate
  - Certifier's signature/official state seal

### OR

**PROOF C:** Demonstrate their interdependence by providing copies of at least 3 of the following:

- Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in policy
- Common ownership of a motor vehicle
  - Be dated within the last 12 months
  - Contain name of employee and domestic partner as joint owners
  - Contain name of state or county in which issued
- Driver's licenses or passports listing a common address
- Same automobile insurance policy
  - Be dated within the last 12 months
  - Show employee and domestic partner as joint account owners (Individuals listed as "drivers" on automobile insurance documents do not prove joint account ownership)
  - Contain name of insurance company
- Joint bank accounts or credit accounts
  - Be dated within the last 12 months
  - Contain name of employee and domestic partner as joint owners of the account
  - Contain name of financial institution
- Designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will, Assignment of a durable property power of attorney or healthcare power of attorney.

Eligibility Requirements	Acceptable Supporting Documentation
<p><b>Child under age 26</b>            You, your spouse's, or your domestic partner's dependent child(ren) up to age 26 for all the following requirements (applies to medical, dental, and vision insurance).</p> <ul style="list-style-type: none"> <li>A biological child</li> <li>A legally adopted child, or a child placed for adoption</li> <li>A stepchild, or</li> <li>Any other child(ren) for whom the employee is the legal guardian</li> <li>a child who is the subject of a valid Qualified Medical Child Support Order (QMCSO)</li> </ul> <p><b>Sample Federal 1040 Form</b></p>  <p><b>Please mark out SSN's and Financial Info</b></p>	<p>SUBMIT <b>ONE</b> DOCUMENT- Submit a copy of one document from <b>PROOF D</b>:</p> <p><b>PROOF D:</b></p> <ul style="list-style-type: none"> <li>Your Federal 1040 or State income tax return, which must:               <ul style="list-style-type: none"> <li>Be from 2023 or 2024 tax year</li> <li>List your dependent with the relationship as daughter, son, or child (<i>Only the page listing filing status and exemptions is required-see sample.</i>  <i>E-Files are not accepted</i>)</li> </ul> </li> <li>Child's legal or hospital birth certificate or affidavit of parentage, which must:               <ul style="list-style-type: none"> <li>Contain the first and last name of employee or spouse*</li> <li>Contain the name of the child</li> <li>Indicate date of birth</li> </ul> </li> <li>Legal household/family registry, must show relationship                (<i>This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.</i>)</li> <li>Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must:               <ul style="list-style-type: none"> <li>Contain the name of the employee or spouse indicating parentage of the child</li> <li>Contain the name of the child</li> <li>Official signature or stamp indicating document has been filed</li> </ul> </li> <li>Legal adoption, guardianship, or legal custody papers, which must:               <ul style="list-style-type: none"> <li>Contain the name of the employee or spouse</li> <li>Contain the name of the child</li> <li>Official signature or stamp indicating document has been filed</li> </ul> </li> </ul> <p><b>*Also required to prove the relationship between you and your stepchild:</b>  <i>If you are an employee providing documentation for a child of your legal spouse or domestic partner, TELUS Health must receive the required proofs listed for Spouse (Proof A) or Domestic Partner (Proof B or C), even if you do not currently cover your spouse or domestic partner.</i></p>
<p><b>Disabled Children</b>            Any dependent <b>disabled child</b> who otherwise meets the criteria for "child" and is:</p> <ul style="list-style-type: none"> <li>Unmarried, any age, incapable of self-support and chiefly dependent upon employee for support because of a physical handicap or mental retardation that began before the dependent reached the age limit</li> <li>Each child must have been covered under a Company plan at the time he or she reached the age limit in order to receive coverage under that plan.</li> </ul>	<p>SUBMIT <b>TWO</b> DOCUMENTS - Submit a copy of one document from <b>PROOF E</b> <b>AND</b> a copy of one document from <b>PROOF F</b>:</p> <p><b>PROOF E:</b></p> <ul style="list-style-type: none"> <li>Any one of the documents listed for Child under age 26.</li> </ul> <p><b>AND</b></p> <p><b>PROOF F:</b></p> <ul style="list-style-type: none"> <li>Physician statement certifying that the dependent child:               <ul style="list-style-type: none"> <li>Cannot support himself or herself because of a physical or mental disability.</li> <li>All information must be included on physician's letterhead or form and dated within the last 12 months.</li> </ul> </li> </ul> <p><b>*Also required to prove the relationship between you and your stepchild:</b>  <i>If you are an employee providing documentation for a child of your legal spouse or domestic partner, TELUS Health must receive the required proofs listed for Spouse (Proof A) or Domestic Partner (Proof B or C), even if you do not currently cover your spouse or domestic partner.</i></p>