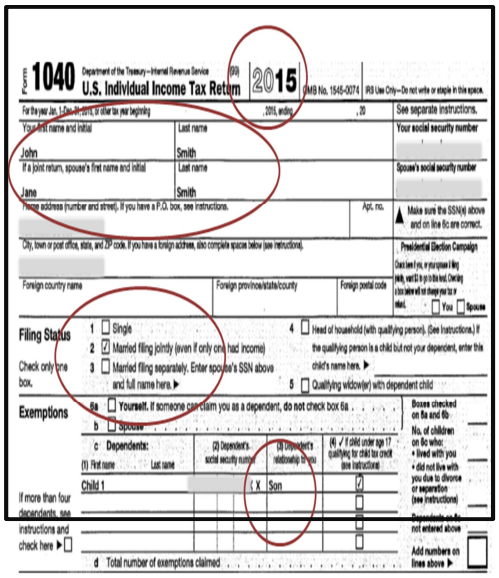
If you add new dependent(s) to your benefits coverage at any time during the year (Open Enrollment or qualified life event) you are required to verify dependent eligibility by uploading approved documentation via Benefit*first*. Select the alert box that states, 'You are required to complete verification in order to cover your dependents' and follow the instructions.

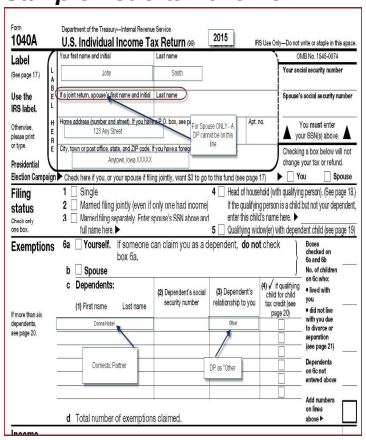
All Dependent Verification documents must be submitted within 30 days of enrollment. Failure to provide approved verification of eligibility will default to no coverage for your dependent(s).

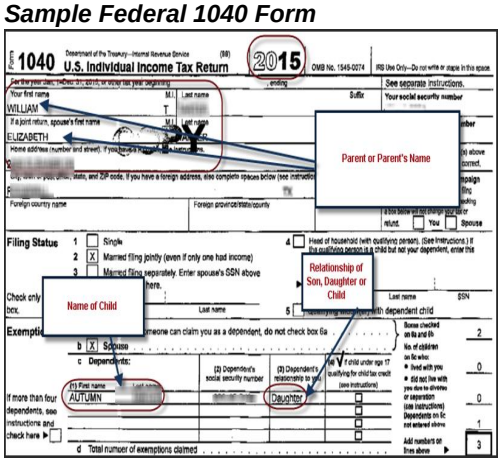
JOHN CRANE VERIFICATION REQUIREMENTS

When submitting supporting documentation:

- ü Mark out all confidential information such as financial data and social security numbers.
- ü Send only copies. Documentation submitted will not be returned.
- ü If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document.
- ü If a document is not in English, you may be requested to supply an official English translation of the document and a copy of the original document.

Eligibility Requirements	Acceptable Supporting Documentation
SPOUSE Your Legal spouse. ***Sample Federal 1040 Form***  ***Please mark out SSN's and Financial Info***	SUBMIT **TWO** DOCUMENTS - Submit one document from **PROOF A,** one document from **PROOF B:** **PROOF A:** (to show event occurred) · Valid legal or religious marriage certificate, which must include: o Name of the employee and spouse o Date of marriage o Certifier's signature/official seal *(Employees married within the last 12 months do not need to provide Proof B.)* · Presently valid state-issued certificate, declaration or registration of common law or informal marriage (in applicable states) which must include: o Name of the employee and spouse o Date of informal marriage o Certifier's signature/official seal · Legal household/family registry, must show spousal relationship (*This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.)* **AND** **PROOF B:** (to show current relationship status) · Your Federal 1040 or State income tax return, which must: o Be from 2018 or 2019 tax year o Contain name of employee and spouse o Indicate married filing jointly or married filing separately *(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted.)* · Utility bill, which must: o Be dated within the last 12 months o Contain name of employee and spouse as joint owners o Contain name of utility company · Document from a bank account or financial institution, which must: o Be dated within the last 12 months o Contain name of employee and spouse as joint owners of the account o Contain name of financial institution · Insurance document such as homeowner, renter or automobile, which must: o Be dated within the last 12 months o Show employee and spouse as joint account owners (Individuals listed as "drivers" on automobile insurance documents do n ot prove joint account ownership) o Contain name of insurance company · Mortgage document or current lease, which must: o Be dated within the last 12 months o Contain name of employee and spouse as joint owners or joint renters o Contain name of mortgage company, landlord or rental company · Valid vehicle registration, which must: o Be dated within the last 12 months o Contain name of employee and spouse as joint owners o Contain name of state or county in which issued

Eligibility Requirements	Acceptable Supporting Documentation
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***  ***Please mark out SSN's and Financial Info***	SUBMIT **TWO** DOCUMENTS - Submit one document from **PROOF C AND** one document from **PROOF D:** **PROOF C** (available on Benefit*first*) · Valid John Crane Domestic Partner Affidavit, which must include o Names of the employee and domestic partner o Date of Notarization o Signature of Notary · State-issued Certificate of Domestic Partnership, which must include o Names of the employee and domestic partner o Date of Certificate o Certifier's signature/official state seal **AND** **PROOF D:** · Utility bill, which must: o Be dated within the last 12 months o Contain name of employee and domestic partner as joint owners o Contain name of utility company · Document from a bank account or financial institution, which must: o Be dated within the last 12 months o Contain name of employee and domestic partner as joint owners of the account o Contain name of financial institution · Insurance document such as homeowner, renter or automobile, which must: o Be dated within the last 12 months o Show employee and domestic partner as joint account owners (Individuals listed as "drivers" on automobile insurance documents do not prove joint account ownership) o Contain name of insurance company · Mortgage document or current lease, which must: o Be dated within the last 12 months o Contain name of employee and domestic partner as joint owners or joint renters o Contain name of mortgage company, landlord or rental company · Valid vehicle registration, which must: o Be dated within the last 12 months o Contain name of employee and domestic partner as joint owners o Contain name of state or county in which issued · Your Federal 1040 or State income tax return, which must: o Be from 2018 or 2019 tax year o Name employee as person filing o Name of domestic partner listed as dependent with relationship of "Other" *(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted)*

Eligibility Requirements	Acceptable Supporting Documentation
Child under age 26 You, your spouse's or your domestic partner's dependent child(ren) up to age 26 for all the following requirements (applies to medi cal, dental, and vision insurance). · A biological child · A legally adopted child, or a child placed for adoption · A stepchild, or · Any other child(ren) for whom the employee is the legal guardian · a child who is the subject of a valid Qualified Medical Child Support Order (QMCSO) ***Sample Federal 1040 Form***  ***Please mark out SSN's and Financial Info***	SUBMIT **ONE** DOCUMENT- Submit a copy of one document from **PROOF E:** **PROOF E:** · Your Federal 1040 or State income tax return, which must: o Be from 2018 or 2019 tax year o List your dependent with the relationship as daughter, son or child *(Only the page listing filing status and exemptions is required-see sample. E-Files are not accepted)* · Child's legal or hospital birth certificate or affidavit of parentage, which must: o Contain the first and last name of employee or spouse* o Contain the name of the child o Indicate date of birth · Legal household/family registry, must show relationship *(This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.)* · Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must: o Contain the name of the employee or spouse indicating parentage of the child o Contain the name of the child o Official signature or stamp indicating document has been filed · Legal adoption, guardianship or legal custody papers, which must: o Contain the name of the employee or spouse o Contain the name of the child o Official signature or stamp indicating document has been filed ***Also required to prove the relationship between you and your stepchild:** *If you are an* employee *providing documentation for a child of your legal spouse or domestic partner, Benefitfirst must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your spouse or domestic partner.*
Disabled Children Any dependent ***disabled child*** who otherwise meets the criteria for "child" and is: · 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 · 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..	SUBMIT **TWO** DOCUMENTS -Submit a copy of one document from **PROOF F AND** a copy of one document from **PROOF G:** **PROOF F:** · Any one of the documents listed for Child under age 26. **AND** **PROOF G:** · Physician statement certifying that the dependent child: o Cannot support them self because of a physical or mental disability. o All information must be included on physician's letterhead or form and dated within the last 12 months. ***Also required to prove the relationship between you and your stepchild:** *If you are an* employee *providing documentation for a child of your legal spouse or domestic partner, Benefitfirst must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your spouse or domestic partner.*