

COVERING A SPOUSE AND/OR DEPENDENT CHILD(REN) ON ANY PUYALLUP SCHOOL DISTRICT MEDICAL PLAN

Please provide the following documentation:

- **For your spouse**, provide **EITHER**:
 - a copy of the first page of your previous year's federal tax return;
 - **-OR-**
 - a copy of your marriage certificate **AND** proof of financial interdependence (example: a bank statement, mortgage statement or utility bill in both names).

- **For your domestic partner**, provide:
 - your affidavit of domestic partnership (available through the benefits office)
 - **AND** proof of financial interdependence (example: a bank statement, mortgage statement or utility bill in both names).

- **For your child/children**, provide **EITHER**:
 - a birth certificate **OR** court-approved adoption papers **OR** court approved guardianship papers;