



# AvalonBay Communities Dependent & Life Event Verification Instructions

When adding a dependent to coverage or experiencing a life event for yourself or your dependent(s) you must submit valid dependent & life event documents to establish the validity of the relationship and event. All documentation should be provided to the Aptia365 Benefit Center by the deadline for your dependents and life events to be approved for coverage. <u>Failure to submit documentation by the deadline below will result in your dependents being removed from pending coverage</u> and you will not have the opportunity to make changes until the next open enrollment or life event.

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By sending in documents, I acknowledge the information I am submitting to prove eligibility for myself and/or my dependents is accurate. I understand that if I provide false information, I may be subject to disciplinary measures.

#### **Document Deadlines:**

Dependent or New hire - 31 days from the benefit election date. Life Event - 31 days from the benefit election date.

#### **Document Submission:**

Via the enrollment site: (preferred method)

- Log on to Aptia365 Marketplace and follow the prompts to upload required documents: https://aptia365.com/AvalonBay
- Mark out all confidential information such as financial data and the first 5 of social security numbers.
- If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the
  document.
- If a document is not in English, you may be requested to supply an official certified English translation of the document <u>and</u> a copy of the original document.

#### Via Mail:

- <u>Documentation submitted will not be returned.</u>
- When mailing your submission complete the Associate Identification form along with supporting documentation.
- Associate name as listed during enrollment.
- Company Name- AvalonBay Communities
- Associate last 4 digits of social security number
  - Mark out all confidential information such as financial data and first 5 of social security numbers
  - If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document.
  - If a document is not in English, you may be requested to supply an official certified English translation of the document <u>and</u> a copy of the original document.
- Mail <u>copies</u> of documentation only.

Aptia365

PO Box 10398

Des Moines, IA 50306-0398

If you have any questions regarding this request, please contact one of our Benefit Counselors at the Aptia365 Benefit Center via Live Chat:

- Log on to the <a href="https://aptia365.com/AvalonBay">https://aptia365.com/AvalonBay</a> and select the Chat icon.
- Call us between the hours of 6:00AM 8:00PM CST at **855-601-1762** and a Benefit Counselor will be able to assist you.





#### Spouse or Common Law Dependent Verification Documents & Requirements

SUBMIT **ONE** DOCUMENT from the below to establish the relationship or life event between the associate and spouse.

#### Valid legal or religious marriage certificate, which must include:

- · Name of the associate and spouse
- Date of marriage
- Certifier's signature/official seal

**Note:** A marriage license is not acceptable unless the completed marriage certificate is embedded within the marriage license and has been registered with the State or County Records Office. A marriage license is a document that authorizes you to get married. A marriage certificate is a document that proves you are married.

# Presently valid state-issued certificate, declaration or registration of common law or informal marriage (in applicable states), which must include:

- Name of the associate and spouse
- Date of marriage
- · Certifier's signature/official seal

#### Legal Household/Family Registry form, must show spousal relationship:

This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.

#### Passport, which must contain:

- Associate name
- Spouse's name listed in the spouse section

#### Federal 1040 or State Income Tax Return, which must include:

- Current or previous tax year
- · Name of associate and spouse
- Indicate married filing jointly or married filing separately

Note: Only the page listing filing status and exemptions is required-see sample. The first page of E-Files is not accepted.

Sample Federal 1040 Form







#### **Domestic Partner - Dependent Verification Documents & Requirements**

#### SUBMIT TWO DOCUMENTS

Complete the Domestic Partner Affidavit Proof A AND submit one document from Proof B.

**Note:** Residents of California with a presently valid Domestic Partnership Registration Certificate from any city or county within the State of California, or from the State of California can submit a copy of the certificate in lieu of the two documents identified in Proof A and Proof B.

# All Domestic Partner supporting documentation must be dated within the past 12 months.

#### PROOF A:

- We acknowledge that our domestic partnership has been active for the past 12 months.
- We acknowledge we have 30 days from the domestic partnership date to enroll in benefits.
  - Example: domestic partnership **began** on 1/6/2023
  - Example: eligible date to enroll a domestic partner is 30 days from 1/6/2024

#### Valid Domestic Partner Affidavit which must include:

- Date domestic partnership began
- Domestic partner name
- · Associate and domestic partner signatures, date of birth and signature date
- Associate and domestic partner address
- Associate Name

#### State issued Certificate of Domestic Partnership which must include:

- Names of the associate and domestic partner
- Date of Certificate
- Certifier's signature/official state seal

#### PROOF B:

#### All supporting documents must contain both the associate and domestic partner's full name.

- Joint Utility Bill
- Joint Vehicle Registration
- Joint Mortgage or Lease Agreement
- Joint documents from a bank account or financial institution
- Driver's license listing a common address (both associate and domestic partner must submit a copy of their driver's license)
- Proof partner is designated as the primary beneficiary for existing life insurance, retirement benefits or under a partner's will
- Copy of presently valid Domestic Partnership Registration Certificate from any city, county or state offering the ability to register a domestic partnership





#### **Eligible Child Dependent Verification Documents & Requirements**

SUBMIT ONE DOCUMENT to establish the relationship or life event between the associate and child.

Legal or hospital birth certificate or affidavit of parentage, which must contain:

Legal State or County Birth Certificate		Hospital Certificate of Live Birth	
•	First and last name of associate and spouse	•	First and last name of associate and spouse
•	Name of the child	•	Name of the child
•	Date of birth	•	Date of birth
•	Signed by the records office/stamp/seal	•	On hospital letterhead
		•	Signed and dated by the doctor or hospital administrator

#### Final divorce decree or parental custody agreement, which must contain:

- Name of the associate or spouse indicating parentage of the child
- Name of the child
- Official signature or stamp indicating document has been filed

#### Legal adoption, guardianship, or legal custody papers, which must contain:

- Name of the associate or spouse
- Name of the child
- Official signature or stamp indicating document has been filed

#### Federal 1040 or State Income Tax Return, which must contain:

- · Current or previous tax year
- List your dependent with the relationship as daughter, son, or child

Note: Only the page listing filing status and exemptions is required-see sample. The first page of E-Files is not accepted.

Sample Federal 1040 Form

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#### Legal Household/Family Registry form, must show relationship:

This is only acceptable if the child was born outside the U.S. and does not have a birth certificate.

#### Passport, which must contain:

- Associate name
- Child's name listed in the children section

<u>Stepchild:</u> If you are an associate providing documentation for a child of your legal spouse or domestic partner, Aptia365 additionally requires proof listed for spouse or domestic partner, even if you do not currently cover your spouse or domestic partner.





#### **Divorce Life Event Documentation & Requirements**

When enrolling or removing your dependent using a Qualifying Life Event, you must submit documents from the below <u>and</u> submit documents from the dependent verification documents section. If documents are not received, your dependents will be removed from pending coverage.

**Divorce Decree** – submit one document, which must contain:

- The full copy of the divorce decree
- Associate and ex-spouse name
- Official's signature or stamp indicating document has been filed

#### Eligible for Other Coverage Life Event Documentation & Requirements

#### Eligible for Other Coverage - submit one document:

- Certificate of Coverage from New Insurance Provider
- Letter from Employer
- Certificate of Coverage from Government Agency

All documents must contain:

- Letter must be on company letterhead
- First/Last name of who gained coverage
- Effective date of new coverage

#### Loss of Coverage Life Event Documentation & Requirements

Loss of Coverage – submit one document:

- Certificate of Coverage from Previous Insurance Provider
- Letter from Employer
- Certificate of Coverage from Government Agency
- COBRA Paperwork

All documents must contain:

- Letter must be on company letterhead
- First/Last name of who lost coverage
- Effective date of loss of coverage





### **AvalonBay Communities Associate Identification**

When submitting via U.S. Mail, to expedite the verification processing, please complete and return the Associate Identification page along with the acceptable supporting documentation listed.

- Step 1: Complete section 1 with the associate's information.
- Step 2: Complete section 2 with the dependent's information.

  The dependent that has been added to coverage must correspond to the dependent in the documentation submitted.

#### **Section 1: Associate Information**

Associate Name:	
Last 4 Digits of Associate SSN:	

### **Section 2: Dependent Information**

Dependent Name	Relationship to Associate

By sending in documents, I acknowledge the information I am submitting to prove eligibility for myself and/or my dependents is accurate. I understand that if I provide false information, I may be subject to disciplinary measures.