



600 N. Grand Avenue, Los Angeles, CA 90012 | Tel (213) 674-3701 or (888) 252-7721 | Fax (213) 674-3715 | www.lapra.org

Verification of Dependents

Member Information	
Member Name (Full Name)	Social Security Number

Spouse / Domestic Partner Information		
Name	Social Security Number	Date, County & State of Marriage / Domestic Partnership*

Dependent Children Information			
Name	Social Security Number	Birth Date	County & State of Birth

I understand that I have 60 days from my dependent(s) effective date(s) of coverage to submit proof of eligible dependent status, such as a copy of a certified marriage certificate, copy of a certified birth certificate, or commemorative hospital birth certificate that lists the names of both parents. If I fail to submit the required proof within the 60-day period, my dependent(s) coverage will automatically be cancelled on the first day of the month following the expiration date of the 60-day period. I will then be required to wait until the next annual open enrollment period to re-enroll my dependent(s) and submit proof of dependent status. Any medical or dental expenses my dependent incurs after coverage is cancelled will be my responsibility.

I acknowledge that if any of the dependents that I list above, or any dependents that I add to my coverage in the future, do not meet or no longer meet the eligibility requirements as described in LAPRA's Eligibility Booklet, I will be liable for full repayment of any benefits and/or subsidies paid on behalf of the ineligible dependent and that I may be subject to legal remedies and/or disciplinary action for falsifying this document and/or future enrollment documents.

I understand that if I don't notify LAPRA within 31 days from the date that my covered dependent(s) is/are no longer eligible, the ineligible dependent's coverage will be terminated retroactively to the first of the month following the date the dependent becomes ineligible and I will be liable for full repayment of any benefits and/or subsidies paid on behalf of the ineligible dependent.

Member Signature	
Date	Signature

* Adding a domestic partner requires legal and valid registration of a domestic partnership or approval by the City of Los Angeles. For more information, call the City of Los Angeles Employee Benefits Department at 213.978.1600

