

## **Dependent Verification Process**

Documentation is required to verify eligibility (relationship of the dependent to the employee and age of the dependent) for any newly enrolled dependent. **Failure to provide the documents requested by the deadline will result in your dependent(s) not being added to your coverage.**

### **IMPORTANT FACTS ABOUT DEPENDENT VERIFICATION**

1. Dependent Verification is **mandatory**, so you must provide the requested documentation within 31 days of your benefits effective date.
2. The dependent(s) **will NOT be enrolled for coverage** until all required documentation is received and processed.
3. Once approved, coverage for your approved dependents will be retroactive to your benefits start date or life event, and **you will owe retroactive deductions back to that requested coverage start date.**
4. If you incur health care expenses while you are waiting for your dependents to be approved, **you will be able to submit claims for reimbursement** once your dependents have cleared verification and coverage is in place.

Please refer to the list below of acceptable documents below pertaining to your dependent(s) needing verification.

### **DOCUMENTATION REQUIRED TO VERIFY DEPENDENT ELIGIBILITY**

#### **SPOUSE AND REGISTERED DOMESTIC PARTNER VERIFICATION**

**If married or entered into a registered domestic partnership/civil union less than 1 year:**

- A copy of your marriage license or certificate of domestic partnership/civil union is required

**If married or entered into a registered domestic partnership/civil union more than one year, you must submit a copy of your marriage license or certificate of domestic partnership/civil union AND one of the following documents:**

- Most recent joint federal tax return if filing jointly (first page only), or
- Both spouse's recent federal tax returns if filing separately (first page only), or
- Copy of recent tax confirmation notice(s) if filed online
- Copy of recent joint bank statement, joint mortgage or lease, or other recent joint financial document

#### **NON-REGISTERED DOMESTIC PARTNER**

**To verify your non-registered Domestic Partner, you must complete the Domestic Partner Affidavit and Acknowledgment of Taxation form located on the SBD Benefits Center Welcome Site ([sdbbenefitscenter.com/welcome](https://sdbbenefitscenter.com/welcome)).**

Please be advised that if you choose to enroll your domestic partner or domestic partner child(ren), this coverage is considered a taxable fringe benefit for you. You will be responsible for paying the taxes of the Fair Market Value employer cost of this coverage. Domestic Partner coverage will increase your taxable income. (See the Domestic Partner Policy on the SBD Benefits Center Welcome Site ([sdbbenefitscenter.com/welcome](https://sdbbenefitscenter.com/welcome))).

### **CHILDREN (UNDER AGE 26) AND DISABLED CHILDREN (AGED 26 AND OLDER):**

- A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you and/or your spouse/domestic partner as the child's parent,  
-OR-
- A copy of the court order naming you and/or your spouse/domestic partner as the child's legal guardian,  
-OR-
- A copy of your recent tax return listing child as dependent (first page only)

**Important Note for Disabled Children:** Children who are mentally or physically unable to work as a result of a condition that began prior to age 26 are eligible for coverage. Medical documentation is not required to initiate coverage. However, medical and dental carriers may request medical documentation on an annual basis to verify continued disability. The life and AD&D insurance carrier will only verify disability in the case of a claim.

**Important Note for Stepchildren** (including a child of your domestic partner): The documentation listed above for Spouse or Domestic Partner is also required as proof of the child's current relationship to you.

### **SUBMISSION REQUIREMENTS**

You can upload/submit the required documents one of three ways:

1. Online: [sdbenefitscenter.com/welcome](https://sdbenefitscenter.com/welcome). Click on "Enroll Here" and then log into the SBD Benefits Center Enrollment Site with your user credentials.
2. Fax: 1-866-910-9417
3. Mail: Stanley Black & Decker Benefits Center  
PO Box 3067  
Bellaire, TX 77402

**IMPORTANT: Please black out any personal/financial information like Social Security number and account number if they appear on your documentation.** Should you choose to mail/fax the documents, please make sure to include a cover letter with the date, your name, your employee ID (as found on your paystub or when you log in to MySBD ([mysbd.stanleyblackanddecker.com](https://mysbd.stanleyblackanddecker.com))) and select your profile icon in the upper right hand corner) or the last four digits of your Social Security Number, and your dependent(s) name so that the verification can be applied to the correct account. Please do not send original documents.

### **Random Dependent Verification Audit**

For SBD to continue to be able to offer comprehensive and affordable benefit options, we need to ensure we're only covering SBD employees and dependents that meet all the eligibility requirements. To do this, we may conduct a random audit of covered dependents during the year to ensure they meet eligibility requirements. A random selection of employees who haven't been audited in the prior 36 months will be required to provide documents to verify their dependents upon request from the SBD Benefits Center.