

Dependent Eligibility Matrix

The following outlines the eligibility criteria and documentation required to verify the eligibility of enrolled dependents in Ardent’s medical, pharmacy, dental, and vision benefit plans.

- Provide your supporting documentation for each enrolled dependent to Benefit Harbor.
- You can do so in two ways:
 - Online: Scan and upload your documents at www.getardentbenefits.com/enroll
 - Fax: Toll-free to 866-770-6393
- Please only submit your 2009 tax return and blackout any sensitive information (see sample provided)

Remember! Failure to complete and submit required documentation *immediately after your enrollment* may result in your dependents coverage being terminated.

| Dependent Number | Dependent Type | Eligibility Criteria | Documents Required for Verification |
|------------------|----------------|--|--|
| 1 | Spouse | Your current legal spouse of the opposite sex. | <ul style="list-style-type: none"> • A copy of your marriage certificate, AND • Recent (within 6 months) documentation establishing current marital status such as: <ul style="list-style-type: none"> – Joint household bill – Joint bank/credit account – Joint mortgage or lease – Page 1 of your federal tax return (If you are married and file separately, Page 1 of both Federal Income Tax Returns must be provided.) |

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|------------------|--------------------|--|---|
| 2 | Domestic Partner | <p>Two people (same-sex or opposite sex) who have met ALL of the following criteria:</p> <ul style="list-style-type: none"> • For at least 12 months have shared the same principal residence in an intimate, committed relationship of mutual caring and intend to do so indefinitely. • Agree to be responsible for each other’s basic living expenses during the domestic partnership and agree that anyone who is owed these expenses can collect from either of them. • Are both 18 years of age or older and of sufficient mental competence to enter binding legal contracts. • Are not married to anyone and are not so closely related by blood that a legal marriage between them would be prohibited for that reason in their state of residence. • Do not presently have a different domestic partner. • Did not have a different domestic partner in the last 12 months. <p>If you have an opposite-sex domestic partner and the two of you generally represent yourselves as married, you may have a common-law marriage if it is recognized by the state in which you reside. A common-law husband or wife is considered a “spouse” rather than a “domestic partner.”</p> | <ul style="list-style-type: none"> • A signed AND notarized Affidavit of Domestic Partnership (available online at www.getardentbenefits.com or from Benefit Harbor or your Human Resources Department) • TWO forms of documentation providing proof of financial interdependence: <ul style="list-style-type: none"> – Mortgage or deed showing joint ownership of permanent residence – Lease showing joint tenancy for residence – Proof of common ownership of a motor vehicle – Joint bank account statement – Documentation of joint responsibility for debt – Joint credit card account statements – Designation as primary beneficiary for life insurance, retirement benefits, or under a partner’s will – Assignment of durable property power of attorney to partner – Assignment of health care power of attorney to partner |
| 3 | Natural Born Child | Your natural born child who has not attained age 26 | A copy of the child’s birth certificate naming you as the child’s parent. |

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|------------------|--|---|--|
| 4 | Stepchild OR Child of Domestic Partner | Your stepchild who has not attained age 26 | <ul style="list-style-type: none"> • Verification of Spouse (See Spouse) or Domestic Partner (See Domestic Partner), AND • A copy of the child's birth certificate naming your Spouse or Domestic Partner as the child's parent |
| 5 | Legally Adopted Child OR Child Placed for Adoption or in Legal Guardianship OR an Eligible Foster Child | <ul style="list-style-type: none"> • Your legally adopted child or child placed for adoption or in legal guardianship OR • A foster child who is placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction AND • Not attained age 26 | <ul style="list-style-type: none"> • A copy of adoption decree or legal court documents naming you as the child's adoptive parent , foster parent, or guardian, AND • A legal document showing age of child |
| 6 | Child covered by a NMSN or QMCSO | A child covered under a National Medical Support Notice or a Qualified Medical Child Support Order | <ul style="list-style-type: none"> • A copy of NMSN or QMCSO |
| 7 | Disabled/ Incapacitated Natural Born Child, Stepchild or Legally Adopted Child/Child Placed for Adoption | <ul style="list-style-type: none"> • Same as natural born child, stepchild, legally adopted child or child placed for adoption or in legal guardianship, OR eligible foster child AND • Age 26 or older AND • A child who is physically or mentally incapable of self-support if the incapacity occurred before age 26 | <ul style="list-style-type: none"> • Same as natural born child, stepchild, legally adopted child or child placed for adoption or in legal guardianship, OR eligible foster child, AND • Statement of Disability from the Social Security Administration |

In all cases, the Summary Plan Description is the governing document with respect to eligibility.