### Required Documentation for Dependent Enrollments (Must Attach and Mail with This Enrollment Form):

- **a)** For **spouse**, a marriage certificate
- **b)** For **same-sex/opposite-sex domestic partner**, a Declaration of Domestic Partnership issued by the State of California, or of same-sex legal union other than marriage formed in another jurisdiction, or a completed Declaration of Domestic Partnership form issued by the University. Please note: Opposite-sex partners are eligible for domestic partnership only if one or both partners are age 62 or older and eligible for Social Security benefits based on age
- **c)** For **natural child**, a birth certificate showing the student is the parent of the child
- **d)** For **stepchild**, a birth certificate, and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student
- **e)** For **adopted or foster child**, documentation from the placement agency showing that the student has the legal right to control the child’s health care
- **f)** For **child eligible by court order**, provide court documents which direct that the child will be covered under the insurance plan of the noncustodial parent

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**Questions? Call 1-855-428-0722 or email ucship@ahpservice.com**

Please see other side for rates and payment information. You must complete both sides of this enrollment form.
Please note: Students enrolled in a 2019-2020 Early Start Program and who wish to voluntarily enroll in the Student Health Insurance Program will be enrolled in the 2018-2019 SHIP plan and the corresponding bene its and rates will apply. The 2019-2020 SHIP plan bene its and rates will take effect September 23, 2019 when the academic school year begins.