



# CITY OF ATLANTA

Kasim Reed  
MAYOR

68 MITCHELL STREET, S.W. ATLANTA, GEORGIA 30303-0306  
TEL: (404) 330-6260 FAX: (404) 658-6585

DEPARTMENT OF HUMAN RESOURCES  
YVONNE COWSER YANCY  
COMMISSIONER

## Documentation Attachment Form

Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_

Contact Number: \_\_\_\_\_ Department \_\_\_\_\_

### Place an X next to the corresponding documentation:

Copy of Marriage Certificate

Copy of Domestic Partnership Agreement

Copy Birth Certificate or hospital Confirmation of Birth (paperwork must show parental relationship of child to either the employee or spouse, failure to submit the proper paperwork will result in the dependent not being added to your policy).

Copy of Final Divorce Decree or Dissolution of Domestic Partnership Agreement

Court ordered guardianship deemed permanent for insurance purposes

Adoption(s) Placement Papers from Court

Medical History Form

Other

If the Insurance Division does not receive the required documentation by **August 22, 2016**, your dependent will **not** be added to your coverage for this plan year. The next opportunity to make changes will be either the result of a change in family status (31 days from qualifying event) or the next open enrollment.

If you have any questions or concerns please contact the Insurance Division at 404.330.6036.

Thank You,

Insurance Division