



## Definition of dependent eligibility and acceptable documentation

TYPE OF DEPENDENT	DEFINITION
<b>Eligible Spouse</b>	Legally married under the law of a state or other jurisdiction where the marriage took place.
<b>Eligible Domestic Partner</b>	<p><b>A domestic partnership is established when you and your partner meet one of the following:</b></p> <ul style="list-style-type: none"> <li>• You and your partner are <i>all</i> of the following:               <ul style="list-style-type: none"> <li>- At least age 18 and of legal age.</li> <li>- Mentally competent to enter into contracts.</li> <li>- Jointly responsible for each other's welfare and financial obligations and have lived together for at least six months.</li> <li>- In an intimate, committed relationship of mutual caring that has existed for at least six months and is expected to continue indefinitely.</li> <li>- Not related by blood.</li> <li>- Not married to anyone other than each other.</li> </ul> </li> <li>• You live in California and meet all of the requirements of the California Family Code section 297 definition of a domestic partner, including the requirement to have registered your domestic partner with the Secretary of State's office.</li> <li>• You live in another state that recognizes civil unions or state-recognized domestic partnerships and have entered into a civil union or state-recognized domestic partnership and reside in that state.</li> <li>• You and your partner have entered into a civil union in a state that recognizes civil unions, but reside in a state where that civil union is not recognized.</li> <li>• You meet other criteria set forth in the <i>Chevron Affidavit of Domestic Partnership</i>.</li> </ul>
<b>Eligible Child / Domestic Partner Child</b>	<p><b>You can enroll a dependent child for coverage if he or she is all of the following:</b></p> <ul style="list-style-type: none"> <li>• You or your spouse's or domestic partner's natural child, stepchild, legally adopted child, foster child, or a child who has been placed with you or your spouse/domestic partner for adoption.</li> <li>• Younger than age 26 (age 25 for purposes of the Dependent Life Insurance and the Voluntary Group Accident Insurance plans).</li> </ul>
<b>Other Eligible Dependent</b>	<p><b>You can enroll an <i>other dependent</i>* for coverage if he or she is all of the following:</b></p> <ul style="list-style-type: none"> <li>• Not married.</li> <li>• Younger than age 26 (age 25 for purposes of the Dependent Life Insurance and the Voluntary Group Accident Insurance plans).</li> <li>• Is a member of your household.</li> <li>• Someone for whom you act as a guardian.</li> <li>• Dependent on you (or on your spouse/domestic partner) for more than 50 percent of his or her financial support.</li> </ul> <p>* <i>Other dependents</i> are not eligible for Group Critical Illness and/or Group Hospital Indemnity Insurance coverage.</p>
<p><b>Important reminder for retirees:</b> In addition to meeting the definition of an eligible spouse, domestic partner or child, your dependent's eligibility to participate in Chevron retiree health benefits is also subject to additional rules regarding enrollment timing, your benefit participation status, your age or the age of your dependent. Be sure to review the <b>Enrollment Milestones</b> available online at <a href="http://hr2.chevron.com/retiree">hr2.chevron.com/retiree</a> for the details.</p>	

TYPE OF DEPENDENT	ACCEPTABLE DOCUMENTATION
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• Government-issued Marriage Certificate</li> <li>• Affidavit / County Declaration</li> </ul>
<b>Domestic Partner</b>	<ul style="list-style-type: none"> <li>• Notarized Chevron Affidavit of Domestic Partnership. <i>This form is available online, or you can call the HR Service Center at 1-888-825-5247.</i></li> <li>• Affidavit / County Declaration</li> </ul>
<b>Eligible Child / Domestic Partner Child</b>	<p><b>Natural Child</b></p> <ul style="list-style-type: none"> <li>• Government Issued Birth Certificate <i>OR</i> Hospital Record</li> </ul> <p><b>Adopted Child</b></p> <ul style="list-style-type: none"> <li>• Government Issued Birth Certificate (if available) <i>OR</i> Hospital Record <i>AND</i></li> <li>• Court Documents <i>OR</i> Adoption Order approved by the court</li> </ul> <p><b>Stepchild</b></p> <ul style="list-style-type: none"> <li>• Government Issued Birth Certificate <i>OR</i> Hospital Record</li> </ul> <p><b>Child for whom you have legal guardianship</b></p> <ul style="list-style-type: none"> <li>• Government Issued Birth Certificate <i>OR</i> Hospital Record <i>AND</i></li> <li>• Court Documents <i>OR</i> a decree from an appropriate agency</li> </ul> <p><b>Foster Children</b></p> <ul style="list-style-type: none"> <li>• Government Issued Birth Certificate <i>OR</i> Hospital Record <i>AND</i></li> <li>• Court Documents <i>OR</i> a Decree from an appropriate agency</li> </ul> <p><b>Qualified Medical Child Support Order (QMCSO)</b></p> <ul style="list-style-type: none"> <li>• Qualified Medical Child Support Order that is still in effect. Provide the section that includes child name(s), parent names, child date of birth, stating that health coverage must be provided and the period for which it must be provided.</li> </ul>
<b>Other Eligible Dependent</b>	<ul style="list-style-type: none"> <li>• Government Issued Birth Certificate <i>OR</i> Hospital Record <i>AND</i></li> <li>• Employee's tax return from prior year, showing the child is a dependent. <i>Please submit only the first two pages of the tax return.</i></li> </ul>