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Documentation Guide







Section I: Required documentation for dependent verification upon Initial or Annual Enrollment

Section II: Required documentation for a Qualifying Life Event (such as marriage, birth, loss of other coverage) or change in benefits eligibility status

Section III: How to submit your documents

I. Dependent Eligibility Verification

DG <mark>Benefits</mark>

To verify a dependent, in most cases*, your most recent Form 1040 Tax Return will fully satisfy the requirements for dependent eligibility. For alternative documentation options, see next slide.

| Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return 200 XX OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. S) Head of household (HOH) Qualifying widow(er) (QW) Take a screenshot of the top portion of cked the HOH or QW box, enter the child's name if the qualifying | | | | | |
|--|---|-----------------------------|---|--|--|
| If joint return, sp | the 1040 tax re | Last name | | Your social security number Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. City, town, or post office. If you have a foreign address, also complete spaces below. State Mark out your SSN and | | | | | |
| Foreign country name | | Foreign province/state | 2 | financial information | |
| At any time during 20xx, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind | | | | | |
| Dependents If more than four dependents, see instructions and check here ▶ □ | (see instructions): (1) First name Last name | (2) Social securi number | | (4) V if gualifies for (see instructions): Ensure your taxable ependents are listed. | |

Submit in <u>one</u> of the following ways:

- Upload to Benefits
 Enrollment System (from
 DGme homepage, click
 DGWell, then select the
 Benefits Enrollment
 System link)
- Use the EmpyreanGo app (register using company ID: DG)
- 3. Mail to P.O. Box 2987 Bellaire, TX 77402
- 4. Fax to 1.866.771.7269

*Not applicable if adding a foster child. See slide 4 for acceptable documents.

Acceptable Forms to Verify Your Dependent (other than Form 1040 Tax Return)



| Dependent Relationship | Other Acceptable Forms of Dependent Eligibility Documentation |
|--|---|
| Biological Child | Birth Certificate – OR – Paternity Documentation on Lab Letterhead |
| Adopted Child | Adoption Paperwork – OR – Amended Birth Certificate |
| Step-Child | Child's Birth Certificate AND Marriage Certificate AND Proof of Spousal Joint Ownership• |
| Foster Child | Court Issued Guardianship/Custody Documents |
| Child via Legal Guardianship/Legal Custody | Court Issued Guardianship/Custody Documents AND Most Recent 1040 Federal Tax Return * Recent Legal Guardianship/Legal Custody: If guardianship or custody was appointed in the current or previous calendar year AND a Federal Tax Return is not available, submit a completed Attestation of Financial Support and Residency in place of the Federal Tax Return. (Contact the Benefits Service Center at 1-844-861-0002.) |
| Legal Spouse | Marriage Certificate AND Proof of Spousal Joint Ownership+ * Recent Marriage: If marriage occurred within the current or previous calendar year AND a Federal Tax Return or proof of joint ownership is not available, you may submit just a marriage certificate to satisfy verification requirements. |
| Common Law Spouse | Affidavit of Common Law Marriage if approved in the state of residence (contact the Benefits Service Center at 1-844-861-0002) AND Proof of Spousal Joint Ownership• |

Acceptable forms of **Proof of Spousal Joint Ownership (dated within the last <u>6 months</u>) include: mortgage statement or lease agreement, bank statement OR** utility bill. *Be sure your documentation includes both the employee and spouse names.*

II. Qualifying Life Event (QLE) and Dependent Verification



Required documentation for a Qualifying Life Event (such as marriage, birth, loss of other coverage) or change in benefits eligibility status:

- Verify your event Documentation on slides 6-7 must be submitted to substantiate the date you experienced the life event or status change
- Verify your dependent(s) In addition to verifying the event, you must also submit acceptable forms of dependent verification on slides 3-4 for any new dependent

The enrollment/change request will NOT be approved unless you provide <u>ALL</u> documentation by the deadline noted in the Enrollment System.

Acceptable Forms to Verify Your Event



| Qualifying Life Event | Acceptable Forms of Documentation |
|--|--|
| Birth, Adoption or Placement for Adoption | Birth Certificate – OR – Birth Certification (Hospital Letter) Adoption Papers, Court Approved Adoption Paperwork, Paternity Documentation on Lab letterhead |
| Marriage | Marriage Certificate |
| Divorce/Legal Separation | Divorce Decree – OR– Legal Separation Papers signed by a Judge |
| Death of Dependent | Death Certificate |
| Gain of other Coverage | Proof of gaining other coverage Documentation from new insurance company (Certificate of Credible Coverage); OR Letter from Employer AND new insurance ID cards Documents must include effective date of the new coverage and names of those covered. |
| Loss of other Coverage | Proof of loss of other coverage Documentation from prior insurance company (Certificate of Credible Coverage); OR Letter from Employer Documents must include date coverage ended and name of those affected by the change. |

Acceptable Forms to Verify Your Event, continued



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| Qualifying Life Event | Acceptable Forms of Documentation | | |
|--|---|--|--|
| Guardianship or custody of a child | Court documents appointing guardianship or custody of child to the employee | | |
| Loss of Medicaid or CHIP Coverage | Proof of loss of other coverage Loss of coverage due to nonpayment, failure to renew paperwork and other voluntary reasons are not valid Documents must include date coverage ended and name of those affected by the change. | | |
| Change of Disabled Dependent Status | Social Security Disability Letter | | |
| Dependent Care Change (Dependent Care FSA Only) | Proof of Change in Residence or Work Site AND Proof of significant change in day care expenses (ex. Letter from day care provider, billing or invoice documents) | | |
| Significant change in cost or plan coverage of existing benefits | Proof of significate change in cost or plan coverage of existing benefits | | |
| Spouse Annual Enrollment | Proof of Annual Enrollment dates occurring after Dollar General Annual Enrollment period | | |

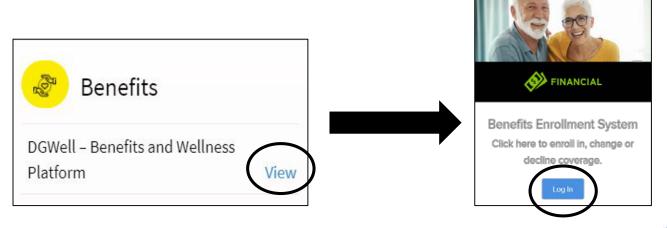
If adding a new dependent, see slides 3-4 to understand acceptable forms of dependent documentation.

III. Submitting Your Documents



Employees can submit their complete documentation (not in an editable format, like a Word document), in one of the following ways:

1. Upload to Benefits Enrollment System (from DGme homepage, click DGWell, then select the Benefits Enrollment System link)



- 2. Use the EmpyreanGo app (register using company ID: **DG**)
 - G) (CO

- 3. Mail to P.O. Box 2987 Bellaire, TX 77402
- 4. Fax to 1.866.771.7269



Need Assistance?

Please contact the Dollar General Benefits Service Center by calling 1-844-861-0002 Monday – Friday, 8 a.m. to 5 p.m. Central Standard Time.