



HAMPSHIRE COUNCIL  
OF GOVERNMENTS

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HAMPSHIRE COUNTY  
GROUP INSURANCE TRUST

## REQUIRED DOCUMENTS AND INFORMATION TO ENROLL IN HEALTH INSURANCE COVERAGE

<u>RELATIONSHIP</u>	<u>REQUIRED DOCUMENTATION/INFORMATION</u>
Spouse	Signed marital status affidavit <b>and</b> a photocopy of city/town issued marriage certificate.
Divorced or Separated Spouses	Signed marital status affidavit <b>and</b> photocopy of health insurance provision language from divorce/separation agreement and first page listing names of both parties and signature page showing date of order.
Child Up to Age 26	Photocopy of city/town issued birth certificate (long form listing parents' names), or court order documenting guardianship or adoption papers.
All Enrollees	The social security number must be provided on the enrollment form for all members enrolling in the health insurance coverage.

CHURCH OR JUSTICE OF THE PEACE CERTIFICATES AND HOSPITAL RECORDS  
ARE **NOT** ACCEPTABLE. SEND PHOTOCOPIES ONLY – NO ORIGINALS PLEASE