COLORADO
Division of Human Resources
Department of Personnel & Administration

Supplement Program

REQUIRED INFORMATION & DOCUMENTATION

Application Period: Tuesday, April 26, 2016 to Monday, May 23, 2016 at 11:59 p.m. MDT

INFORMATION YOU NEED TO COMPLETE THE APPLICATION:

- ✓ All Social Security Numbers
- ✓ Date of Hire with the State of Colorado
- ✓ The name and level of current state medical coverage
- ✓ Name of Employee, dependents, and other household members
- ✓ 2015 Gross Income for all household members (over age of 16)

REQUIRED DOCUMENTATION YOU WILL NEED TO UPLOAD

- ✓ 2015 Federal Income Tax Return for all household members (over the age of 16) – page 1 only
- ✓ Registered Birth Certificates / Adoption Certificates / Allocation of parental responsibility requiring you to provide medical coverage / Foster papers for all children
- ✓ Registered Marriage or Civil Union Certificate/ Affidavit of Common Law/ Affidavit of Same Gender Domestic Partner
- ✓ Unexpired Driver's License or State ID for all adult household members except the employee and their spouse.

If you have any question please direct them to:

Employee Benefits Unit

P 303-866-3434 | Fax 303-866-3879

State_Benefits@state.co.us | www.colorado.gov/dpa

Fraud
It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information for any benefits enrollment or application process, affidavit, or other document or process for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits, benefits premiums or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's group benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, statutes, and written directives.