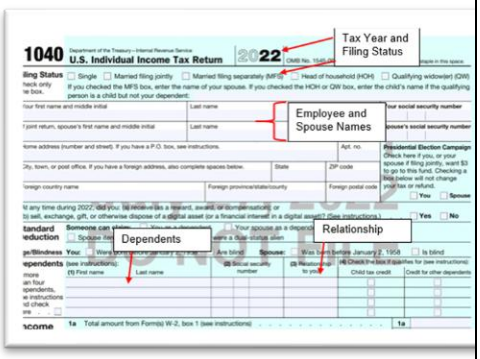
SYNOPSYS VERIFICATION REQUIREMENTS

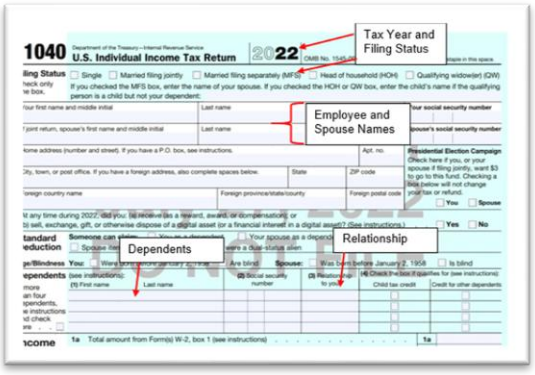
When submitting supporting documentation:

- ✓ Mark out all confidential information such as financial data and social security numbers.
- ✓ Send only <u>copies</u>. DO NOT provide originals.
- ✓ If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document.
- ✓ If a document is not in English, you may be requested to supply an official English translation of the document <u>and</u> a copy of the original document.

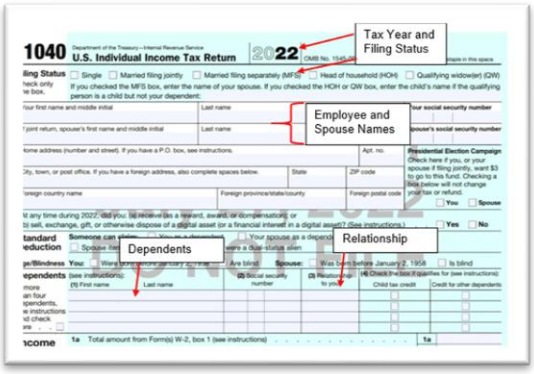
Eligibility Requirements	Acceptable Supporting Documentation

<u>SPOUSE</u>
A "Spouse" means the person who is recognized as the Participant's spouse in accordance with the laws of the state, the District of Columbia, a United States territory or a foreign jurisdiction where the marriage took place ("Spouse").
 	
Sample Federal 1040 Form

 	
Please mark out SSN's and Financial Info
	SUBMIT **ONE** DOCUMENT **PROOF A:**
	
	<u>PROOF A:</u> <u>(to show event occurred)</u>
	• Valid legal or religious marriage certificate, which must include:
	  ○ Name of the employee and spouse
	  ○ Date of marriage
	  ○ Certifier's signature/official seal
	• Legal household/family registry, must show spousal relationship
	(*This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.)*
	• Your Federal 1040 or State income tax return, which must:
	  ○ Be from the most recent tax filing year
	  ○ Contain name of employee and spouse
	  ○ Indicate married filing jointly or married filing separately
	(Only the page listing filing status and exemptions is required-see sample. Form 887-9, the first page of E-Files are not accepted.)

Eligibility Requirements	Acceptable Supporting Documentation

DOMESTIC PARTNER
Your same or opposite sex domestic partner
 	
Sample Federal 1040 Form

 	
Please mark out SSN's and Financial Info
	SUBMIT **ONE** DOCUMENT from **PROOF B**:
	
	PROOF B:
	• Valid Synopsys Domestic Partner Affidavit, which must include
	  ○ Names of the employee and domestic partner
	  ○ Signature of Employee
	  ○ Signature of Domestic Partner
	  ○ Date Domestic Partnership was established
	• State-issued Certificate of Domestic Partnership, which must include
	  ○ Names of the employee and domestic partner
	  ○ Date of Certificate
	  ○ Certifier's signature/official state seal

Eligibility Requirements	Acceptable Supporting Documentation

Child under age 26
Your children until the end of the month that they reach age 26 which includes:
• a ***natural child,*** or
• an ***adopted child*** or a child placed with you for ***adoption***, or
• a ***stepchild****; or
• a ***foster child***, or
• a ***child of your domestic partner****
• any other tax-qualified child for whom you have ***legal guardianship*** or ***court-ordered custody.***
 	
Sample Federal 1040 Form

 	
Please mark out SSN's and Financial Info
	SUBMIT **ONE** DOCUMENT- Submit one document from **PROOF C:**
	
	PROOF C:
	• Your Federal 1040 or State income tax return, which must:
	  ○ Be from the most recent tax filing year
	  ○ Contain the name of employee
	  ○ List your dependent with the relationship as daughter, son or child
	  (Only the page listing filing status and exemptions is required-see sample. Form 887-9, the first page of E-Files are not accepted.)
	• Child's legal or hospital birth certificate or affidavit of parentage, which must:
	  ○ Contain the name of employee or spouse or domestic partner*
	  ○ Contain the name of the child
	  ○ Indicate date of birth
	• Legal household/family registry, must show relationship
	  (This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.)
	• Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must:
	  ○ Contain the name of the employee or spouse or domestic partner* indicating parentage of the child
	  ○ Contain the name of the child
	  ○ Official signature or stamp indicating document has been filed
	• Legal adoption, guardianship or legal custody papers, which must:
	  ○ Contain the name of the employee or spouse or domestic partner*
	  ○ Contain the name of the child
	  ○ Official signature or stamp indicating document has been filed
	
	Also required to prove the relationship between you and your stepchild:
	If you are an employee providing documentation for a child of your legal Spouse or Domestic Partner, Synopsys must receive the required proofs listed for Spouse (Proof A) or Domestic Partner (Proof B), even if you do not currently cover your Spouse or Domestic Partner.

Eligibility Requirements	**Acceptable Supporting Documentation**
Child age 26 and over Any dependent ***disabled child***, over the age of 26 who otherwise meets the criteria for "child" and is: • permanently disabled and not able to earn his or her own living because of a physical or mental disability which started prior to the date he or she reaches the maximum age for dependent children under the Plan. Please note: in order for your disabled dependent to remain on active coverage, the dependent must have been disabled and approved to continue coverage with the medical plan carriers prior to your dependent turning 26. We have a separate process for confirming the disability status. This audit is only confirming eligibility and not your dependent's disability.	SUBMIT **ONE** DOCUMENT -Submit one from **PROOF D:** **PROOF D:** • Any one of the documents listed for Child under age 26. ***Also required to prove the relationship between you and your stepchild:*** *If you are an employee providing documentation for a child of your legal Spouse or Domestic Partner, Synopsys must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your Spouse or Domestic Partner.*