



AFFIDAVIT OF DEPENDENCY

This form is not intended to certify overage dependents. Complete this form to request benefit plan coverage for an eligible child whom you or your spouse or domestic partner are obligated to support, or contribute to the support of, and who is not a biological or adopted child.

Educational Entity _____ Employee ID # or E# _____

I, *(print name of employee)* _____, certify that *(print name of dependent)* _____ meets the dependent eligibility requirements set forth below.

I declare that:

- The child is not married or does not have a domestic partner
- I or my spouse or domestic partner claims the child as an IRS dependent
- The child is not my biological or adopted child

In addition, I also declare that the child meets the following criteria:

- Is 18 years old or younger; **or**
- Is 19 through 25 years old:
 - ◆ Attending five months of class or non-site training per calendar year at an educational institution defined by IRC Section 170(b)(1)(A)(ii) or state or political subdivision with the following requirements:
 - ◆ The child must be citizen or resident of the United States, Canada or Mexico; and
 - ◆ The child must be recognized as a full time student by the educational institution or state or political subdivision.
 - ◆ Living in the home of the eligible employee over six months of the calendar year, **and** the eligible employee provides over half the yearly support; or
 - ◆ Incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability.

I or my spouse or Domestic Partner, is obligated to support, or contribute to the support of, the above named child.

I understand that it is my responsibility to notify my Educational Entity within 31 days of when the dependent child no longer meets eligibility requirements, by completing and submitting a Change Form. My Educational Entity or insurance carrier may ask, at any time, if the eligibility requirements continue to be met.

I certify that the foregoing is true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____