



Affidavit of Dependency

School District _____ Employee ID, SSN, or E# _____

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

The above named dependent child is not my biological or adopted child; and

- Does not qualify as another person's dependent child, except for a child of divorced or separated parents meeting conditions under Internal Revenue Code Section 152(e) (A) as amended by the Working Families Tax Relief Act of 2004.
- Is single and does not have a domestic partner; and
- Is 18 years old or younger; or
- Is 19 through 25 years old:
- Attending five months of class or on-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.
 - Is age 26 or older, and incapable of self-sustaining employment, because of a developmental disability, mental illness, or physical disability; and
 - The disability existed prior to attaining age 26; and
 - Pre-OEBB medical insurance coverage was continuous with coverage under OEBB medical insurance.

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: _____