

DEPENDENT ELIGIBILITY VERIFICATION FORM



DEPENDENT ELIGIBILITY DOCUMENTATION

RETURN VIA FAX TO:
305-355-2324

IMPORTANT INFORMATION

YOU WILL NEED:

- Proof of eligibility for all listed dependents.
- Required documentation must be provided. Failure to do so will result in loss of coverage for your dependents or inability to enroll them in coverage.
- **Print, complete, and include this form with the required documentation.**
- If you are going to add an Adult Child, you must present the required documentation along with a completed Adult Child Affidavit.
- By signing below, you verify that the additional Adult Child required documentation is valid.

SOCIAL SECURITY # _____ EMPLOYEE NAME _____

RELATIONSHIP	GENDER M/F	DEPENDENT NAME (PRINT CLEARLY) LAST NAME/FIRST NAME	SOCIAL SECURITY #	BIRTH DATE MM/DD/YY	DOCUMENT PROOF INCLUDED (BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, ETC.)

EMPLOYEE SIGNATURE	DATE
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PLEASE NOTE: Any employee found to be submitting false documentation for his/her dependent(s) will have the dependent deemed ineligible retroactively and will be subject to disciplinary action, up to and including termination of employment.

