



Dependent Eligibility Attestation

To enroll a spouse or dependent child(ren) in the University's health, dental or vision benefits or in dependent life insurance, you **MUST** sign and return this Dependent Eligibility Attestation.

If you have any questions about dependent eligibility status, discuss those issues with the campus Human Resources Office before signing this document.

- The Plan has the right to request reimbursement of any premiums and claims paid for ineligible dependents.
- Employees enrolling ineligible participants may be subject to disciplinary action - including termination of coverage for benefits and termination of employment.
- The Plan reserves the right to request at any time documentation that substantiates the eligibility of an enrolled spouse and/or dependent child(ren).

Eligible Dependents Include:

- The lawful spouse of an Eligible Employee;
- Children (from birth through the end of the month in which they attain the age of twenty-six (26) including:
 - Biological children
 - Adopted children or children placed for adoption
 - Stepchildren
 - Legal ward children
 - Disabled dependent children over the age of twenty-six (26) (Proof of disability must be provided)

I certify that the information I have provided in my enrollment for health, dental, vision and dependent life is true and all dependents enrolled in coverage meet the definition of Eligible Dependents.

Signature: _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to termination of employment as well as prosecution, fines and imprisonment.

(Attestation form dependent eligibility)