

DEPENDENT STATUS VERIFICATION

Company Name: _____ Date: _____

In order to verify your dependent's eligibility, please provide us with the following information on _____ :

- Is this dependent unmarried? _____ Does he/she reside with you? _____
- Do you provide at least 50% of his/her financial support? _____
- Do you claim this dependent as a tax exemption? _____ (If so, please send a copy of the front page of your most recent tax return.)
- Please send a copy of the divorce decree or court order stating that you are responsible for this child's medical/dental expenses.
- Please provide the following information regarding this person's full-time student status:
 - School Name _____
 - School Address: _____
 - School hone: (____) _____
 - Anticipated graduation date: _____
 - Student's Social Security Number: _____

I certify that the above information is true and correct, to the best of my knowledge and belief.

Signature of Employee

Date