

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)