

**INSURANCE MANAGEMENT SERVICES  
VERIFICATION OF DEPENDENT ELIGIBILITY  
(PLEASE FILL OUT ENTIRE FORM)**

In order to verify eligibility on your dependent we need the following information. Until this information is received along with any necessary documentation, we will be unable to process any claims for this dependent. If we must deny a claim, it can only be reprocessed with a written appeal. Please provide proper documentation within 30 days.

Employee's Name: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Dependent's Natural Mother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Dependent's Natural Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

1. The natural parents are: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Mother Deceased  
\_\_\_\_\_ Father Deceased \_\_\_\_\_ Never married \_\_\_\_\_ Other \_\_\_\_\_

2. Dependent's relationship to the employee: \_\_\_\_\_ Natural Child \_\_\_\_\_ Stepchild (Birth Certificate)  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

3. If the dependent is not a natural child of the employee, on what date did the child become dependent on him/her?  
\_\_\_\_\_

4. Does the dependent live with the employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Is the dependent employed on a full-time basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Is the dependent a full-time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please provide full-time student verification from the registrar of your dependent's school.

7. Do you or any of your dependents have other insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of person(s) insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Other Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

8. If the natural parents are divorced/unmarried, is there a divorce decree/child support order that establishes who is responsible for the coverage of the dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, please provide a copy of the first page of the divorce decree/child support order and any subsequent pages that detail who is responsible for coverage of the dependent.** Even if the dependent has other coverage, he/she may still be covered under this plan. The divorce decree/child support order is used to determine primary and secondary payer responsibility.

Please Note: Approval of this verification cannot be extended indefinitely. It may become necessary to request another form in order to determine that the dependent's status has not changed.

I represent that the above answers and statements are true and complete to the best of my knowledge. I understand that the statements made above will be used to verify that the dependent named above is eligible for coverage in accordance with the definition of the dependent as stated in the group plan under which I am covered.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_