

DECLARATION OF DEPENDENT CHILDREN

I. Statement

I, _____, declare that
employee (print)

dependent(print)	date of birth	Social Security number
dependent(print)	date of birth	Social Security number
dependent(print)	date of birth	Social Security number
dependent(print)	date of birth	Social Security number

are, for purposes of the Internal Revenue Code, dependent child(ren) in my household. He/she/they are my child(ren) by birth, adoption, or legal placement as foster child(ren), or are for other reasons claimed by me as dependent(s) on my individual tax return or on a joint return filed by me with another individual.

II. Certification of Dependency

I can and will, upon request, demonstrate this dependency by providing a copy of the federal tax return I filed most recently and/or other evidence of dependency.

III. Termination of Dependency

I agree to notify the University, through a memorandum to its Benefits Office, if there is any change in the dependent status of the individual(s) named above which would make the individual(s) ineligible for University benefits. I agree to notify the University within 30 days of this change in status. I understand that coverage for the individual(s) named above will terminate under the University's active employee health coverage on the last day of the month that eligibility for that coverage ceased.

IV. Acknowledgement

I, _____, declare under penalty of perjury that the statements
employee (print)
above are true and correct.

Employee's Signature

Date

Employee's Social Security Number

Employee's Date of Birth

Employee's Home Address, City, State, Zip.

Received by Benefit Administration Department:

Signature

Name

Title

Date