



DEPENDENT ELIGIBILITY VERIFICATION

Choose an item.

Employee Name
Employee Social Security Number
Employer

I am continuing coverage on my dependent between 19 between and 19 and years of age. The following requirements have been met, and the dependent is:

- Unmarried
- Between 19 and _____ years of age
- Legally residing with the employee
- Dependent upon the employee for more than half of their support, defined by the IRS
- Related to the employee
- A full-time student for at least five months of the year, or received gross income of less than four times the current personal exemption identified by the IRS

Dependent's Name	Social Security Number	Date of Birth

I have read and understand the eligibility requirements and certify that the above conditions pertain to each child listed.

Employee Signature	Date
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Upload to: www.setseg.org
Choose "Upload Employee Enrollment Forms" from the Employee Benefit Services menu

Email To: enrollment@setseg.org