



DEPENDENT ELIGIBILITY VERIFICATION

Choose an item.

Employee Name
Employee Social Security Number
Employer

I am continuing coverage on my dependent between 19 and 19 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

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