

## For FAX or MAIL ONLY DEPENDENT ELIGIBILITY VERIFICATION FORM

*(attach when submitting documents)*

1. Complete and attach dependent verification documents.
2. Mail or Fax prior to deadline.

<b>Employee Name</b> <i>(as it appears on your pay check):</i>	
<b>Last 4 of SSN:</b>	
<b>Company:</b>	
<b>E-mail Address:</b>	

**Mail to:**  
**PO Box 825**  
**Madison, AL 35758**

*or*

**Fax: 844-395-8833**

Dependent Name	Relation	Is dependent eligible for coverage?	Dependent Type Check all that apply for each eligible dependent	
	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No, Remove	<input type="checkbox"/> Legally Married	
	Child	<input type="checkbox"/> Yes <input type="checkbox"/> No, Remove	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Court Order (QMCSO)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Court Ordered Guardian
	Child	<input type="checkbox"/> Yes <input type="checkbox"/> No, Remove	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Court Order (QMCSO)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Court Ordered Guardian
	Child	<input type="checkbox"/> Yes <input type="checkbox"/> No, Remove	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Court Order (QMCSO)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Court Ordered Guardian



**Declaration**

By signing this Verification form, I attest that I have reviewed the Dependent Eligibility Definitions and the information and documentation that I'm submitting is true and accurate. I understand that knowingly providing false or misleading information on this form may result in disciplinary action up to and including termination of employment. I understand I must submit all required documentation for all of my covered dependents to avoid cancellation of coverage.

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

For Assistance contact 877-520-8639 or e-mail [support@cleartrackhr.com](mailto:support@cleartrackhr.com)