

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.

| | |
|---|--|
| Employee Name (as it appears on your pay check): | |
| Last 4 of SSN: | |
| Company: | |
| Telephone: | |
| Email: | |

Mail To:
PO Box 825
Madison, AL 35758
or
Fax To:
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"/> Stepchild <input type="checkbox"/> Court Order (QMCSO) <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"/> Stepchild <input type="checkbox"/> Court Order (QMCSO) <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"/> Stepchild <input type="checkbox"/> Court Order (QMCSO) <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. To view verification results, please visit verifymyfamily.com.