



## Adult Age Children Eligibility Verification

I, \_\_\_\_\_ confirm that my adult child(ren),

---

Name	Date of Birth	Social Security #
------	---------------	-------------------

---

Name	Date of Birth	Social Security #
------	---------------	-------------------

---

Name	Date of Birth	Social Security #
------	---------------	-------------------

who is/are between the ages of 19 and 26 is/are eligible to be included as a dependent on my benefits. He/she does not have benefits available to him/her and is not eligible to receive benefits through any other employer sponsored benefit plan.

I also understand that falsification of dependent eligibility is insurance fraud. Insurance Fraud is subject to the collection of claims paid on behalf of the ineligible dependent and is cause for disciplinary action up to and including termination of employment.

---

Printed Employee Name

Employee ID#

---

Employee Signature

Date

Please return completed form to AMES HR, 1005B or fax to 937-366-2776