



Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

Dependent Eligibility Form

PLEASE NOTE: If this is your NATURAL child, indicate below, sign this form, and return.

Location Number	Date
<input type="text"/>	<input type="text"/>

The following information is submitted in order for:

Name of Child	Relationship to Child	Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be considered for coverage as a dependent of:

Name of Employee	Social Security Number	Name of Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: This form cannot be used to add dependents. Please complete Special Enrollment form.

Do you and/or your spouse have full legal care/guardianship of this child as though he/she were your natural child? Yes No

If NO, please explain:

Does this child reside in your home on a full-time basis? Yes No

If NO, please explain:

Is this child claimed as a dependent by you for federal income tax purposes? Yes No

If NO, please explain:

When did this guardianship begin?

Has it been continuous from this date? Yes No

If NO, please explain:

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature of Employee	Date
<input type="text"/>	<input type="text"/>

Location Authorized Signature	Date
<input type="text"/>	<input type="text"/>