

DEPENDENCY STATEMENT

_____ or _____
(Name Insured or Applicant) *(Full Named of Husband or Wife)*

and I, certify that the following child (or children) is (are) my eligible dependent(s):

FULL NAME(S)	DATE(S) OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____

My relationship with said dependent(s) is that of _____
(natural parent, step-parent, grandparent, etc.)

If you are not the parent or step-parent, please explain the reason you are providing financial support: _____

Responsibility was assumed for said dependent(s) on _____
(month, day, year)

I claim this child (or children) on my income tax return. yes no If no, explain why not _____

I certify that the following statement(s) are true. PLEASE CHECK THE FOLLOWING STATEMENT(S) WHICH APPLY:

- 1. The dependent(s) named above live(s) in my home and I am financially responsible for said dependent(s).
 - 2. I provide partial/total financial support for said dependent(s), by order of the Court.*
 - 3. I provide health insurance for said dependent(s) as ordered by the Court.*
 - 4. Other _____
- _____

PLEASE ATTACH COPY OF THE COURT ORDER.

(Agreement Number)

(Group Number)

(Signature of Named Insured or Applicant)