

APPENDIX H Dependents Eligibility Form

PART A: Employee's Information

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First Middle </div>	Position: _____
Date of Hire: _____	Office: _____
Campus: _____	

PART B: Dependent's information:

Complete the section below fully; fill in all spaces provided, check all boxes applicable and provide correct and complete supporting documents by the deadline. Incomplete and insufficient documents will be returned.

Semester/Year Enrolled : Fall _____ Spring _____ Summer _____			
Legal Name of Dependent	Relationship to Employee	Date of Birth	Campus Attending
Check all applicable boxes below and provide the corresponding supporting document(s)			
<i>Spouse Dependent Supporting Documents:</i>		<i>Child Dependent Supporting Documents:</i>	
<input type="checkbox"/> Marriage certificate <input type="checkbox"/> Affidavit of Marriage		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court adoption papers (for adopted child) Additionally, if child is older than 22 years of age, provide: <input type="checkbox"/> SAR that shows DEPENDENT Status	
I certify that the information provided on this form is true. I understand any attempt to defraud the College will be met with appropriate disciplinary action.			
EMPLOYEE'S SIGNATURE:		DATE:	

Part C: Human Resources Use Only

<input type="checkbox"/> Request meets Board Policy and Administrative Procedure No. 6027 requirements. <ul style="list-style-type: none"> <input type="checkbox"/> #1 Spouse meets policy requirements (evidenced by Marriage certificate or Affidavit of Marriage) <input type="checkbox"/> #2 Child meets age limit of 22 years old and under (evidenced by birth certificate) <input type="checkbox"/> #3 Child is legally adopted (evidence by court adoption papers & birth certificate) <input type="checkbox"/> #4 Over age child meets dependent status (evidenced by SAR) 	
<input type="checkbox"/> Request does not meet Board Policy and Administrative Procedure No. 6027 requirements.	
Comments:	
Name of HR Representative:	
Signature:	Date:

Part D: Distribution

<input type="checkbox"/> Employee <input type="checkbox"/> Human Resources Office <input type="checkbox"/> Business Office
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