



Dependent Status Verification Benefit Plans

Employee Name (Print): _____

For each child you have enrolled under a benefit plan sponsored by the University of Redlands, indicate the following (“dependent” means the child will be claimed as your dependent in this taxable year):

Name: _____

Dependent Yes No

Full-Time Student Yes No

* Relationship: _____

Birthdate: _____

Age: _____

Name: _____

Dependent Yes No

Full-Time Student Yes No

* Relationship: _____

Birthdate: _____

Age: _____

Name: _____

Dependent Yes No

Full-Time Student Yes No

* Relationship: _____

Birthdate: _____

Age: _____

Name: _____

Dependent Yes No

Full-Time Student Yes No

* Relationship: _____

Birthdate: _____

Age: _____

Name: _____

Dependent Yes No

Full-Time Student Yes No

* Relationship: _____

Birthdate: _____

Age: _____

Name: _____

Dependent Yes No

Full-Time Student Yes No

* Relationship: _____

Birthdate: _____

Age: _____

* Relationship is defined as an eligible employee’s natural, step, foster and adopted children (and children placed with the employee for adoption).

Commitment to Notify Regarding Change in Dependency

I agree to notify the University of Redlands within thirty-one (31) days if there is any change in the dependency status or full-time student status of any of the children I have enrolled under a benefit plan sponsored by the University of Redlands.

Other Acknowledgments

I understand that any person or entity who suffers any loss due to any intentionally false statement contained in this document may bring a civil action against me to recover their losses, including reasonable attorney's fees, and that falsification may result in immediate loss of coverage (loss of coverage may be retroactive in some cases), as well as disciplinary action against me.

I understand that the University of Redlands reserves the right to request supporting documentation and any other proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this document, and I agree to make reasonable and diligent efforts to provide the requested information to the University of Redlands in a timely and complete fashion. I further understand that the University of Redlands reserves the right to require me to verify the information I have supplied in this document (or complete another document) on an annual or otherwise periodic basis.

I understand the potential federal and state tax implications of coverage supplied to children who are not my dependents.

I declare, under penalty of perjury, under the laws of the State of California that the assertions in this document are true to the best of my knowledge. I understand that this form is not an application for benefit coverage and that the purpose of this form is to establish the eligibility of persons named herein for the coverage provided under the University of Redlands' benefit programs, and to facilitate University of Redlands' proper payroll administration related to such coverage.

Employee Signature

Date