



## Dependent Eligibility Verification Form

Employee Information		
First Name:	Middle Name:	Last Name:
Classification:	Job Title:	

Dependent Information					
Complete Name (First, Middle, Last)	Relationship to Employee	Date of Birth	Gender	Social Security Number	(HR to complete) Document Type / Date

Document Types: BC=Birth Certificate; MC=Marriage Certificate; DP=Domestic Partner Certificate; CD=Court Document; IRS=Tax Return

Employee Attestation and Signature	
<p>I understand my responsibilities for requesting enrollment of eligible dependents. Under penalty of perjury, I am signing to attest that the persons listed above are my eligible dependents. I understand that if any or all of the persons listed above are determined at any point to no longer be my eligible dependents, I will immediately notify the Morgan Hill Unified School District in writing. I understand that persons no longer determined to be my eligible dependents will have their coverage terminated at the point of discovery of non-eligibility and/or benefit provider notification. I further agree to be responsible for and pay all fees, fines, and penalties, which may be imposed for or because of me having persons claimed as my eligible dependents who are in fact not my eligible dependents. If the Morgan Hill Unified School District is charged with any fees, fines, or penalties due to my actions or those of my ineligible dependents, I agree to pay all monies promptly.</p>	
Signature	Date

Employee Benefits Verification			
Verification Date: _____	Verification Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Print Name	Signature	Date	