KENT STATE UNIVERSITY

PROOF OF DEPENDENCY STATUS

Employee's Name: ______________________________ Banner ID: ______________
First Middle Last

Address: ______________________________ Phone Number ______________
Street City State Zip

Dependent's Full Name	Date of Birth	Relationship	Is child married?	Legal Residence With Employee	Is child dependent on employee for at least 50% of maintenance and support?	Dependent covered by another insurance	If Yes: Please name the person carrying the insurance & relationship	Name of Insurance Company:
		Son/Daughter ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Name:	
		Adopted or Step Child ☐	No ☐	No ☐	No ☐	No ☐	Relationship:	
		Son/Daughter ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Name:	
		Adopted or Step Child ☐	No ☐	No ☐	No ☐	No ☐	Relationship:	
		Son/Daughter ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Name:	
		Adopted or Step Child ☐	No ☐	No ☐	No ☐	No ☐	Relationship:	

Is dependent a full/part time student at an accredited school, university or college? Yes ☐ No ☐

If yes, you must verify eligibility by attaching a copy of one of the following, showing number of hours scheduled or full-time status: a letter from the Registrar's Office stating number of hours, or if enrolled at KSU a copy of student's schedule.

Full Name of School: ______________________________ Address: ______________________________
Street City State Zip

I certify that all information provided on this form is true and correct to the best of my knowledge and understand that it is my responsibility to notify the Benefits Office within 31 days of a change in dependent status. I understand the information that I provide may be verified by the university or its representative and I may be asked for supplemental documentation. I further understand that any person, who, knowingly and with intent to defraud, applies for coverage or file a claim containing any materially false information, is guilty of fraud, which is subject to disciplinary action, up to and including termination of benefits and/or employment.

______________________________ ______________________________ ______________
Employee Signature Print Name Date