



**CHRISTIAN
BROTHERS**
SERVICES

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

DEPENDENT ELIGIBILITY FORM

PLEASE NOTE: If this is your NATURAL child, indicate below, sign this form, and return.

Location #:		Date:	
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The following information is submitted in order for:

Name of Child:		Relationship to child:	
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Date of Birth:		Social Security #:	
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To be considered for coverage as a dependent of:

Name of Employee:		Social Security #:	
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Name of Employer:	
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Please note: This form cannot be used to add dependents. Please complete Special Enrollment form.

Do you and/or your spouse have full legal care/guardianship of this child as though he/she were your natural child? Yes No

If NO, please explain:	
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Does this child reside in your home on a full-time basis? Yes No

If NO, please explain:	
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Is this child claimed as a dependent by you for federal income tax purposes: Yes No

If NO, please explain:	
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When did this guardianship begin: _____

Has it been continuous from this date? Yes No

If NO, please explain:	
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I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Employee:		Date:	
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Location Authorized Signature:		Date:	
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