

Dependent Status Verification Form

Employee Name:

Employee ID Number:

Dependent Name:

Relationship to Employee:

Date of Birth (Dependent):

Dependent's Address:

Does the employee provide more than half of dependent's support?

☐ Yes ☐ No

Supporting Documents Submitted:

Certification:

☐ I certify that the above information is true and correct.

Employee Signature:

Date:

Submit