Dependent Verification Statement

I, [_____] , certify that the following information regarding my dependent is true and accurate to the best of my knowledge.

Dependent's Full Name: [_____]

Relationship to Employee: [_____]

Date of Birth: [_____]

Social Security Number (if applicable): [_____]

Other Relevant Information: [_____]

☐ I certify that the information provided is true and understand that providing false information may result in disciplinary action.

Employee Signature: [_____]

Date: [_____]