Dependent Status Form

Please complete the following information, listing all dependents 19-26 enrolled in our group health and/or dental insurance plan.
Please return to **Human Resources, MS #15.**

				For Dependents age 19 or older, please complete this section						
Dependent Name	**Relationship to Employee**	**Date of Birth**	**Age as of 12/31/09**	**Is this Dependent's primary residence with his/her parent(s)? (Yes or No)**	**Is Dependent a full-time Student? (Yes or No)**	**Will this Dependent receive at least 50% of his/her support from parent(s) in the current calendar year? (Yes or No)**	**Do you expect to provide 50% of his/her support in the coming year?**	**If not, indicate the last year in which the Dependent received at least 50% of his/her support from a parent(s).**	**Please Check (✓) all that apply**	
									Health	**Dental**

General Eligibility Information:

- Eligible dependents may be covered up to the age of 19 regardless of their student or health status.
- Eligible dependents may be covered up to the age of 26 if they are full-time student.
- Dependents may be covered longer if disabled under the American Disability Act.
- In addition, under Massachusetts health care reform law, dependents may be covered up to age 26 or the end of 2 calendar years following the last year in which at least 50% of the dependent's support was provided by his/her parent(s), whichever occurs first.
- In some case, the fair market value of coverage provided to dependents who *do not* meet the IRS definition of a qualified dependent under §106 of the IRS Code is considered ordinary of "imputed" income and, therefore, subject to federal and/or state income taxes as well as FICA tax.

My signature below indicates that the information provided above is truthful and accurate. I understand that it is my responsibility to notify the institution immediately if there are any changes to the eligibility or support status of my dependents.

_____ _____ _____

Employee Signature | Employee Name – Please PRINT | Date