



DEPENDENT VERIFICATION FORM

Table with 2 columns: Employee Name, Group Name, Dependent's Name, ID Number, Group Number, Relationship to Employee.

AultCare verifies dependent information annually to insure that claims are being processed according to your plan's guidelines. Please complete either Section A or B entirely depending on your dependent's status. Incomplete forms will be returned to the member.

A. Eligible Dependent:

- 1. I certify that _____ is unmarried and dependent upon me for principal support, and that he/she follows the definition of a dependent per my plan guidelines.
2. He/she is _____ year of age and is a full-time student; enrolled for the number of hours specified for full-time status by the institution attended.
3. Is he/she employed? YES _____ NO _____ Average number of hours worked per week: _____
4. Is he/she incapable of self-support due to a disabling illness or injury which occurred prior to reaching age 19? YES _____ NO _____ (if yes, another form will be mailed to you)
5. Is he/she an IRS dependent? YES _____ NO _____

B. Ineligible dependent due to:

- _____ Attaining age 19 on (date): _____
_____ Terminating or completing full-time schooling. Date schooling was completed: _____
_____ Marriage. Date of marriage: _____
_____ Attaining maximum age to be covered as a dependent on (date): _____

I understand that it is my responsibility to notify my benefits office and/or AultCare within 30 days if my dependent's full-time status changes or my dependent does not meet any of my plan's guidelines. I also understand that if I do not notify my benefits office immediately, I may jeopardize my dependent's eligibility to continue coverage at his/her own expense and that the rule against falsification applies.

I certify the above is complete and that I am claiming benefits only for charges incurred by eligible dependents.

Signature of Enrollee _____ Date _____

Please return completed form in the enclosed self-addressed envelope within 30 days regardless of their status. Failure to do so may result in termination. You may choose to fax your form to: 330-363-7746 Attn: FTS

- P.O. Box 6910 / Canton, OH 44706
▪ PHONE: 330-363-6360 / TOLL FREE: 1-800-344-8858
▪ TTY LINE: 330-363-2393 / 1-866-633-4752 for the hearing impaired
▪ WEBSITE: www.aultcare.com