



We received your enrollment card and our records now reflect coverage for you and your dependents with the exception of _____.

Before we can add this dependent to your coverage, we will require further information. Please complete the attached "Proof of Dependency Form" and return it to the address below.

PROOF OF DEPENDENCY FORM (please print)

Member's Name _____ EBF ID# _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Dependent's Name _____ Dependent's D.O.B. _____

What relationship is the dependent to you? _____

Does this dependent reside at your home? YES NO

If yes, give the date when such residence began _____

How long do you anticipate such residence will continue _____

Give reason why this dependent lives with you and is dependent upon your support

If the dependent child is a **grandchild**, complete the below question and return this form with a copy of the court order awarding you legal guardianship over this child. A notarized statement is not acceptable.

Please provide the name and date of birth of the natural parent

Parent Name

Date of Birth

If the natural parent is over the age of 19 and a full time student, a student proof letter must be submitted. A form is available upon request. Legal guardianship is not required. If the dependent is an adopted child, please return this form and a copy of proof of adoption. A notarized statement is not acceptable. Presentation of false proof in support of a claim is prohibited by law.

Employee Signature

Date

RETURN COMPLETED FORM(S) TO: CSEA Employee Benefit Fund, P.O. Box 516, Latham, NY 12110-0516