

Affidavit of Tax Qualifying Dependent



I certify that _____ meets **all the dependent guidelines** as defined
Name of Eligible Relative (Print)
in Code §152 outlined below:

- Is under age 26 or is permanently and totally disabled
- Is my grandchild, brother, sister, niece, or nephew
- Shares the same residence with me for more than half the year
- Is not married and filing a joint return
- Is dependent on me for at least 50% of his/her support
- Is not covered by or eligible for healthcare benefits through his or her own employer

I understand that I am required to furnish a birth certificate showing the individual to be an eligible relative.

I understand that so long as the above conditions are correct, my dependent may continue to be a dependent on my health, dental, and/or vision coverage.

I further understand that if my dependent fails to meet any of the above conditions, it is my responsibility to notify the Benefits Division of the Human Resources Department of the change in status within 30 days of the change.

Employee Name (print)

Employee ID

Signature of Employee

Date