

**STATEMENT FOR DEPENDENT'S  
PARTICIPATION IN HEALTH BENEFITS PROGRAM**

This form must be completed when an eligible employee applies for coverage on behalf of a spouse and/or child(ren). Required documentation must accompany this form.\*\*

*This form is to be completed by the employee. Please PRINT all entries.*

_____	_____
<b>Employee's Name</b>	<b>Social Security Number</b>
_____	_____
<b>Employee ID #</b>	<b>E-Mail Address</b>
<b>Employee's Home Address:</b> _____	
<b>Telephone #s:</b> _____	
Home	Business
Mobile	
<b>Work Location (Campus)</b> _____	
<b>Department or Office:</b> _____	

Dependent's Full Name	Relationship to Employee	Social Security # of Dependent	Date of Birth of the Dependent
	Spouse*		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		
	Other: Specify relationship		

**\*If spouse is to be covered, please indicate date of marriage:**\_\_\_\_\_

This information is being requested for the principal purpose of determining eligibility of individuals to participate in the RESEARCH FOUNDATION'S Health Insurance Program and to maintain up-to-date records for covered employees. If the necessary documentation **\*\* (marriage certificate, birth certificate, court order, adoption papers, or proof of domestic partnership)** is not supplied with this form and your enrollment application, the spouse and dependent(s) listed cannot enroll in any health plan provided through the RESEARCH FOUNDATION.

**Presentation of materially false information in support of an insurance application or claim is prohibited by Article 176 of the Penal Law.**

I attest, under the penalty of perjury, that the information given above is correct and complete.

Date: \_\_\_\_\_ Employee Signature \_\_\_\_\_

If you have any questions regarding this statement, contact your **Client Services Representative**