

2016 CERTIFICATION OF DEPENDENT ELIGIBILITY

I, _____, submit this Confirmation of Dependent Eligibility to establish _____ as my dependent according to the eligibility requirements of the Palomar College School District.

Please check the appropriate box.

<input type="checkbox"/>	My child is: <i>unmarried and a full-time student (normally 12 units) at an accredited educational institution.</i>
<input type="checkbox"/>	My child <i>no longer qualifies</i> as my dependent as described above.
<input type="checkbox"/>	My child is permanently disabled and incapable of self-sustaining employment. (see <i>Michelle's Law</i>)
<input type="checkbox"/>	My child is covered at this time under the Medicare disability program.
<input type="checkbox"/>	My child is not covered at this time under the Medicare disability program.
IF YOUR CHILD IS NOT COVERED BY MEDICARE, PLEASE ATTACH A LETTER FROM THE CHILD'S PHYSICIAN EXPLAINING THE DIAGNOSIS, EXTENT OF DISABILITY, AND PROGNOSIS.	
<ul style="list-style-type: none"> I understand I have an obligation to notify my district immediately when my dependent is no longer a full-time student, or there is a change in my disabled dependent's condition. I understand that the Plan reserves the right to request verification documentation at any time. I also understand that I am responsible for the reimbursement of any expenses incurred as a result of any false or misleading statements contained in this Confirmation. 	
I declare, under penalty of perjury, that the foregoing is true and correct.	
Employee Name <i>(Please Print Above)</i>	Name of Dependent <i>(Please Print Above)</i>
Employee Address <i>(Please Print Above)</i>	
Employee Signature <i>(Please Sign Above)</i>	Date <i>(Above)</i>
Dependent Date of Birth <i>(Above)</i>	
Employee Social Security Number <i>(Above)</i>	Dependent Social Security Number <i>(Above)</i>