

STATE HEALTH BENEFITS PROGRAM

Proof of Dependent Eligibility

Instructions:

- 1) Carefully review the Eligibility Definitions sheet provided to you with this form.
- 2) Add the names of each dependent you wish to add to your health care coverage in the chart provided on the State Health Benefits Program Enrollment Form.
- 3) Provide the documentation required based on the type of dependent listed on the Eligibility Definitions sheet.
- 4) Sign and date this form. Include your daytime phone number.
- 5) Return your signed form to your agency Benefits Administrator.

I certify that:

- **I have read the information provided to me and understand what is required for each type of dependent who can be covered on my health plan.**
- **All information I have submitted is true and correct as of the date I signed this form.**
- **I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law.**
- **I authorize the State Health Benefits Program to verify this information.**

Employee's Signature

Date

Daytime Phone Number



Virginia Department of
HUMAN RESOURCE
MANAGEMENT