



## Dependent Verification Affidavit

(please complete a separate form for each dependent)

\_\_\_\_\_  
Employee Name (Last, First MI)

\_\_\_\_\_  
Social Security Number

I hereby certify the \_\_\_\_\_, \_\_\_\_\_,  
(name of dependent) (social security number of dependent)

\_\_\_\_\_, is:  
(date of birth)

- age 19 to 24,  
AND
- unmarried,  
AND
- claimed as a dependent for IRS tax purposes,  
AND
- a full-time student (at an accredited educational institution)

\_\_\_\_\_  
(Educational institution: high school, college, university, other)

\_\_\_\_\_  
(City, State, Zip)

For the semester \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ or school year \_\_\_\_\_.

Expected graduation date: \_\_\_/\_\_\_/\_\_\_

I hereby certify that the information provided above is correct. I understand that I am obligated to inform UT of any change in noted dependent's student status. I ensure accuracy, I acknowledge and agree that UT may investigate the status of the noted dependent during the period in which the dependent is claiming full-time student standing. I understand that any misrepresentation in the information I have provided above will permit UT to terminate the dependent's coverage and seek any other legal remedies available including possible prosecution for insurance fraud.

Date: \_\_\_\_\_

\_\_\_\_\_  
(signature) Subscriber

\_\_\_\_\_  
(relation to dependent)