



CHILD SUPPLEMENTAL LIFE INSURANCE - DEPENDENT VERIFICATION

Dependent children may be covered up to the age of 25 for the Child(ren) Supplemental Life Insurance as long as they meet the eligibility requirements referenced in the provided Hartford Life Insurance Company Rider on dependent eligibility. The College requires confirmation of your dependent children’s status for eligibility verification, ages 19 to 25. For new hires, coverage will not begin until the Benefits Office is in receipt of this document and eligibility is confirmed. Coverage will end on the earliest to occur: the date your coverage ends; the date the required premium is due but not paid; the date you are no longer eligible for dependent coverage; the date the College terminates dependent coverage; or the date the dependent no longer meets the definition of dependent, unless continued in accordance with the Continuation provisions.

Please send your completed dependent verification to the Benefits Office, AO Building, Room 103; email to benefits@fscj.edu, or fax to (904) 632-3329.

Employee’s Name: _____ EMPLID _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Work Phone: _____

<i>Please check one of the four eligibility options below:</i>					
Dependent’s Full Name	Date of Birth	Lives with you and/or is claimed as a dependent on your last filed federal income tax return.	Is a Full-time or Part-time Student at an accredited institution of learning.	Is Disabled, prior to age 19. (Proof of disability must be submitted.)	No longer meets defined eligibility rules.

It is the responsibility of the employee to contact the Benefit’s Office when your dependent no longer meets eligibility for coverage under The Hartford Child Supplemental Life Insurance policy.

I understand any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree, and can be cause for dismissal.

Employee’s Signature: _____ Date: _____/_____/_____