GUARDIAN®

# Dependent Eligibility Certification Form

## General Information

| Member Name: | Individual Plan #: |
|---|---|
| Dependent Name: | Dependent Date of Birth: |
| Member Address: | |
| Member ID #: ______________________________ | |

## Student & Dependent Certification

1. Is the child a dependent for tax purposes pursuant to the Internal Revenue Code? ___ YES ___ NO
2. If "NO", in what tax year did you last claim the child as a dependent on your federal tax return? _____
3. Is the child a full-time student at an accredited school? ___ YES ___ NO
4. If "YES", name and address of school in which dependent is enrolled: ________________________
   ______________________________________________________________________________
5. Expected date of graduation (if this year): ____ /____ /____
   MO DAY YR

## Disability Certification

1. Is dependent now incapable of self-support because of a disability? ___ YES ___ NO
2. Age of dependent when disability occurred: ______
3. Nature of disability (Please provide as much detail as possible):
   ______________________________________________________________________________
   ______________________________________________________________________________
4. Prognosis (estimate months or years): ______________________
5. Name and address of Primary Care Physician: __________________________________________
   ______________________________________________________________________________

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUEST IN REGARD TO THE CERTIFICATION.

__________________________________________________ ____________________

Member Signature Date Signed

Any person who includes any false or misleading information on an application for insurance commits a fraudulent insurance act and is subject to criminal and civil penalties.

Please complete this form and return it in the envelope provided to the following:

The Guardian Life Insurance Company of America, P. O. Box 254888 Sacramento CA 95865



DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT | STOP LOSS

GuardianAnytime.com

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