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

GG-015024-A **(6/16)**