



Dependent Eligibility Certification Form

General Information	
Subscriber Name:	Policy #:
Dependent Name:	Dependent Date of Birth:
Dependent Address:	
Dependent Member ID #: _____	
Dependent Certification	
1. Did the child serve as a member of the Armed Forces of the United States, and did he or she receive a release or discharge other than a dishonorable discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO *if yes, a copy of the dependent's Form DD-214 is required.	
2. Is the child a resident of Illinois and is unmarried? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Is the child a full-time student? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Disability Certification	
1. Is dependent now incapable of self-support because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> 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.

Subscriber 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 to the following: The Guardian Life Insurance Company of America, P.O. Box 981569, El Paso, TX 79998-1569



https://www.guardiandirect.com/

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