



Dependent Eligibility Certification Form

General Information	
Subscriber Name:	Policy #:
Dependent Name:	Dependent Date of Birth:
Dependent Address:	
Dependent 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.

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

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<https://www.guardiandirect.com/>

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