



## 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

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

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

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