



## Dependent Verification for LCC Benefits

### Affidavit of Dependency Certification of Child Dependency

\_\_\_\_\_  
Name of Employee (Please Print)

\_\_\_\_\_  
Name of Dependent

\_\_\_\_\_  
Dependent Date of Birth

#### Eligibility

In order to be eligible, a child must meet the eligibility requirements of the plan, as defined in the Benefit Dependent Definitions document.

#### Acknowledgement

I certify that the above dependent fully meets the definition of eligibility listed above.

I agree to notify my employer if there is any change in the dependency status that would make this dependent no longer eligible for benefits within 30 days of any change.

I certify under penalty of perjury, that the all information contained in this Affidavit is true and correct. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

\_\_\_\_\_  
Signature of Employee and Date

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