

This form is to be completed by State of Michigan employees

## VERIFICATION OF DEPENDENT ELIGIBILITY

**Dependents under age 25 who are unmarried students**

To continue enrollment in State Sponsored Group Insurance plans (health, dental and vision), dependents ages 19 through 24 must meet the following criteria:

1. Regularly attending an accredited educational institution
2. Unmarried
3. Dependent on employee for at least 50% of his/her support

I certify that the dependent listed below meets the above criteria. Please continue my dependent's enrollment in the State Sponsored Group Insurance plans.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
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EMPLOYEE NAME	EMPLOYEE ID NO.	EMPLOYEE DAYTIME PHONE
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DEPENDENT NAME	DEPENDENT BIRTHDATE
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SCHOOL DEPENDENT IS ATTENDING

**To ensure continuation of coverage, attach copies of the following documentation:**

1. **A current class schedule, transcript or letter from the school stating the semester your dependent is enrolled, OR**
2. **A tuition bill for the current semester, if in college, OR**
3. **A class schedule for the prior semester completed, closest to your dependent's birthday.**

**Please note: Falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and/or prosecution.**

**Fax to: (517) 241-5892**

**Mail to: MI HR Service Center  
Capitol Commons Center  
1st Floor, P.O. Box 30002  
Lansing, MI 48909  
(877) 766-6447  
(517) 241-8046 (TTY)**