

## VERIFICATION OF STEP-CHILD ELIGIBILITY

EMPLOYEE NAME	EMPLOYEE ID NO.	EMPLOYEE DAYTIME PHONE
STEP-CHILD NAME	STEP-CHILD BIRTHDATE	

**Step-Child Eligibility Criteria:** To enroll or continue the enrollment of your step-child in the state dental, vision, and dependent life plan(s), your step-child must live with you at least 50% of the time, and you and your spouse must provide at least 50% of your step-child's support. A step-child meeting the above criteria can be covered under dependent life until age 23, and can be covered under dental and vision until age 25.

**Certification: STOP** – Do not sign unless you are in front of a Notary Public.  
*I certify that the above-named child is my step-child and satisfies the eligibility criteria described above.*

EMPLOYEE SIGNATURE	DATE
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**Notary Public:** Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_

Notary Signature \_\_\_\_\_ Notary Seal:

**NOTE: Falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, discipline up to discharge, and prosecution.**

Return the completed form and required documentation to:

**MI HR Service Center**  
Capitol Commons Center, 1<sup>st</sup> Floor  
P.O. Box 30002  
Lansing, MI 48909  
**Fax: 517-241-5892**

Telephone: Toll Free 877-766-6447