

Sequoia Union High School District

HEALTH BENEFITS DEPENDENT VERIFICATION

Employee Benefit Information:

Coverage Taken:

Name of Employee/ Social Security Number	Brith date	Medical Decline	Medical	Dental Decline	Dental	Vision Decline	Vision
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Dependents:

Eligible Spouse or Domestic Partner:

Coverage Taken:

Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligible Dependent Children:

Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:	Full-Time Student:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:	Full-Time Student:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:	Full-Time Student:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:	Full-Time Student:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:	Full-Time Student:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/Social Security Number	Birth Date:	Relationship:	Medical:	Dental:	Vision:	Full-Time Student:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above information provided by me is true and correct to the best of my knowledge. I agree to provide supporting documentation, such as, but not limited to, certified marriage certificate, birth certificate, proof of school registration, legal records, or any other documents when requested by my employer at any time.

Employee Signature

Date

Rev 8/10