

## REQUIRED CERTIFICATION OF DEPENDENT ELIGIBILITY

SEND COPIES, DO NOT SEND ORIGINAL DOCUMENTS WITH THIS COMPLETED CERTIFICATION

Name:

Daytime Phone:

Employee ID#

To provide better benefits to employees and their families, this form must be completed to verify eligibility of dependents on any Amphi benefit plan.

**ELIGIBLE DEPENDENTS** – Includes a 1) legal spouse, 2) children (including natural child, stepchild, foster child, or legally adopted child). Dependent also includes a child for whom coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

### **DOCUMENTATION REQUIRED –**

- Spouse – a copy of the marriage license
- Children – a copy of the birth certificate of any natural or step children; a copy of the legal paperwork for any adopted or foster children

Spouse's Name:		SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:

By my signature on this form, I certify that all information in this dependent eligibility verification document is true, correct and current as of the date signed. I am currently legally married to the above listed spouse.

**X**

Employee Signature

Date

It is the employee's responsibility to submit a new form each time there is a change in dependent eligibility. The form may be obtained on the Benefits portion of [www.amphi.com](http://www.amphi.com) or by contacting the Benefits department.

RETURN THIS FORM TO THE BENEFITS DEPARTMENT

701 W. Wetmore Rd.

Tucson, AZ 85705

Phone: 520-696-5240

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