



## DEPENDENT CHILD ELIGIBILITY VERIFICATION FORM

For each of your eligible dependents (natural child, adopted child or child placed with you in anticipation of adoption, stepchild, as long as a natural parent remains married to the Employee and also resides in the Employee's household, child for whom the covered Employee has legal guardianship and who lives with the covered Employee in a regular parent/child relationship, biological or legally adopted child for whom the plan is obligated under a QMCSO; a mentally or physically handicapped child dependent on the employee for support regardless of age) please complete the following questions in full.

Dependent Name: \_\_\_\_\_ Dependent's Date of Birth: \_\_\_\_\_  
(Please print)

- 1) Do you attest that your covered dependent child is one of the following: your natural child, a child adopted or placed with you in anticipation of adoption, a step-child or child for whom you have legal guardianship and is residing in your household?
  - a.  No
  - b.  Yes – **Attach copy of required documentation – one (1) of the following: State-issued birth certificate (with parents name); Court order; Legal Guardianship Order; Child Support Order identifying relationship of child to the employee; Qualified Medical Child Support Order; Qualified Domestic Relations Order; Proof of Adoption.**
  
- 2) Is your child over the age of 26 years?
  - a.  Yes
  - b.  No

### Disabled Dependents

- 3) Do you attest that your dependent child/children is: Totally Disabled, incapable of self-sustaining employment by reason of mental handicap or physical handicap, primarily dependent on you for support and maintenance, and unmarried?
  - a.  No, my child is not disabled.
  - b.  Yes – **Attach copy of required documentation: Documentation List – one (1) of the following: 2021 Federal Tax Return – ONLY pages 1 & 2 (to establish dependency of a disabled dependent over the limiting age of the plan, with the dollar amounts blacked out) or Form 4868 if your return has been extended; Certificate of Disability; or Legal Guardianship Order.**

Military Service

- 4) Is your covered dependent on active duty in any military service of any country?
- a.  No, I confirm that this dependent child IS NOT on active military duty as described
  - b.  Yes, I confirm that this dependent child IS on active military duty as described, and is therefore ineligible for coverage

Other

- 5) Is this dependent covered under this same plan by another Employee of J M Smith Corporation? (If your child or your spouse has coverage in a benefit plan as an Employee of J M Smith Corporation, the dependent cannot be enrolled as your dependent in that same plan)
- a.  I confirm that this dependent DOES NOT have coverage in the same plan by another Employee of J M Smith Corporation.
  - b.  I confirm that this dependent DOES have coverage in the same plan by another Employee of J M Smith Corporation therefore the dependent is ineligible.

Employee Statement of Attestation: (the Form **MUST** be signed and dated by Employee or will be considered incomplete)

I attest that my answers on the Dependent Eligibility Verification Form are complete for each of my covered dependents, accurate and true to the best of my knowledge. I further attest that I have read the J M Smith Corporation Plan Rules of Eligibility in the Medical/Dental SPD (posted at [www.jmsmithbenefits.com](http://www.jmsmithbenefits.com)) and, to the best of my knowledge, my dependent is eligible to participate in a benefit plan(s) for which he/she is eligible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Please print)

Please notify Pam Watson, (864)542-9419, ext. 5483 or email [pwatson@jmsmith.com](mailto:pwatson@jmsmith.com) if you have questions regarding the completion of this form.

Return the completed form for each dependent enrolled along with copies of proof of eligibility to the attention of Pam watson at the Corporate office via interoffice mail or it may be mailed to Smith Drug Company, 9098 Fairforest Road, Spartanburg, SC 29301.