

# EMORY UNIVERSITY

## Step-Child(ren) Certification For Health And Life Insurance Participation

The step-child(ren) of an Emory employee, who are **not** living in a parent-child relationship with the employee and **not** dependent on the employee for more than half of their support, are not eligible to be covered on the employee's health insurance or life insurance.

A statement that certifies that step-child(ren) whom the employee wishes to cover under the health insurance or life insurance **are** living in a parent-child relationship with the employee and **are** dependent on the employee for more than half of their support must be provided to the University by the employee.

This form is used to certify this purpose. Complete the statement below and list eligible dependents based on the criteria above. For further information on dependent eligibility, please refer to *Emory University Health Care Summary Plan Description*.

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I, \_\_\_\_\_, certify that the child(ren) listed below are my unmarried step-child(ren) and live in a parent-child relationship with me in my home and are dependent upon me for more than half of their support.

NAME

DATE OF BIRTH

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all statements made above are true. I understand that falsifying any records may result in my immediate dismissal from Emory University. I also understand I may be asked for documentation at anytime supporting the data above.

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Employee Signature / Date

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_