

# Certification of Dependent Eligibility

## Personal Plans

Proof of dependent eligibility is **due within 60 days of approval** for GuideStone® coverage. You **must** submit a copy of one of the following documents for each of your dependents as proof of their eligibility for enrollment in the GuideStone insurance program:

**For spouse and/or child(ren):**

- Notarized *Certification of Dependent Eligibility* form (this form)
- Current tax return ( *1040* only, black out financial data)
- Marriage license (for spouse only)

**For children only:**

- State-issued birth certificate
- Adoption papers
- Court order establishing guardianship

Participant first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Daytime telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Employer (or school) name: \_\_\_\_\_ Employer account number: \_\_\_\_\_

Employer telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

### DEPENDENTS

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An eligible spouse is a person of the opposite biological sex to whom you are legally married at the relevant time by civil or religious ceremony effective under the laws of the state in which the marriage was contracted.

An eligible dependent child is a person under age 26 (unless 26 and over and permanently incapacitated), that is dependent on you or your spouse for support or maintenance and includes the following:

- |  |  |   |
|--|--|---|
| • Biological child   | • Adopted child/placed in home for adoption          | • Stepchild   |
| • Foster child   | • Child 26 or over that is permanently incapacitated | • Grandchild  |
| • Child who you or your spouse must cover pursuant to a court or agency order or National Medical Support Notice under federal law |  | • Child for whom you or your spouse is the legal guardian or managing conservator |

I am legally married to \_\_\_\_\_.

Spouse date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Social Security number: \_\_\_\_\_

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I am the guardian of each dependent listed below, and these dependents are younger than age 26. Additional eligibility criteria are listed in our plan booklets online at *GuideStoneInsurance.org*. A printed copy may be requested by calling **1-844-INS-GUIDE** (1-844-467-4843).

Dependent name	Birth date	Social Security number
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

(Additional dependents may be listed at the bottom of this form.)

I certify that the above dependents meet the eligibility requirements for GuideStone coverage. I acknowledge that failure to adhere to the eligibility rules will result in the termination of coverage for the affected enrollee(s), and GuideStone may require reimbursement for claims paid on behalf of ineligible enrollees.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notarization** (REQUIRED when legal documentation is not returned with this form):

**Notary Seal:**

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Notary Public: \_\_\_\_\_ State: \_\_\_\_\_ My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

This form or supporting documents may be faxed to (877) 834-1025 or emailed to *Insurance@GuideStone.org*.