

## Child (Natural, Adopted, Stepchild) Verification Checklist

Enrollee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### **Required Documentation** (Please check appropriate boxes)

☐ Copy of Birth Certificate, adoption papers or other official document issued by the U.S. Government containing the child's name, birth date and the name of at least one parent

### **AND**

If dependent is age 19\* or older must submit copy of transcript, class schedule or tuition bill that includes:

- ☐ Verification of full-time enrollment status or enrolled in at least 12 credit hours
- Must document attendance at an accredited secondary, preparatory school or college.
  - Documents must be for the Fall 2008 or Spring 2009 semester
  - Documents from Fall 2009 semester are not acceptable

\* age 21 if enrollee is represented by PBA/PIA and enrolled in the NYS Empire Plan

As Health Benefits Administrator, I have approved and

☐ processed *OR* ☐ requested a Correction

to reinstate the enrollee's dependent child(ren) effective 02/01/09. I have attached the documentation as indicated above.

HBA Signature: \_\_\_\_\_ Date: \_\_\_\_\_