

Dependent Eligibility Verification Form

Please return this completed and signed form along with your required supporting verification documentation. This will allow the dependent(s) you enrolled in the Federal Employee Health Benefit (FEHB) program and Meritain to receive coverage as you elected.

Eligible Dependent(s)

I have attached the required documentation for my dependent(s) listed below:

Dependent Name	Documentation Type

By signing this form, I certify that all information provided on this Dependent Eligibility Verification Form is true, correct and current as of the date signed. I further know that the submission of false information may subject me to disciplinary action by my employer.

Employee Name

Date

Employee Signature

Forward all documents by email to:

Chugach HR Benefit Coordinators through CGS-Benefits-COORD@chugach.com