

DEPENDENT ELIGIBILITY AUDIT QUESTIONNAIRE

EMPLOYEE NAME _____

SPOUSE NAME _____

Marriage Certificate _____ Marriage License _____

Dependent Name _____

Birth Certificate _____ Other Legal Document _____

Dependent Name _____

Birth Certificate _____ Other Legal Document _____

Dependent Name _____

Birth Certificate _____ Other Legal Document _____

Dependent Name _____

Birth Certificate _____ Other Legal Document _____

Dependent Name _____

Birth Certificate _____ Other Legal Document _____

Dependent Name _____

Birth Certificate _____ Other Legal Document _____

Your current home address: _____

Does your spouse work? _____

If yes, where do she/he work. _____

Please sign and return with requested documentation.
