

VERIFICATION OF DEPENDENT ELIGIBILITY

Please answer questions 1-10 and sign in the space provided. Please submit all copies of the completed form to Trustmark Life Insurance Company, P. O. Box 7904, Lake Forest, IL 60045. Approval of this verification form cannot be extended indefinitely. At the time a claim is incurred, it may become necessary to request additional information.

Group Name _____ Group # _____
 Employee Name _____ SS # _____
 Dependent's Name _____ Birthdate _____
 Spouse's Name _____ SS # _____
 Spouse's Employer _____ Phone # _____
 Name of Insurance Company _____ Policy # _____
 If spouse is no longer employed, date last worked _____

<p>1. Dependent's relationship to you:</p> <p><input type="checkbox"/> Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other _____</p>	<p>2. Does Dependent live in your home more than six months a year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If no, with whom? _____</p>
<p>3. If Dependent is not a natural child, on what date did the child become dependent on you? _____</p>	<p>4. Are you providing more than 50% of the support for the Dependent in your opinion? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. Have you/will you claim the Dependent as an income tax deduction? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what years? _____ If no, who claims dependent? _____</p>	<p>6. Is Dependent employed on a full-time basis? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. Is Dependent a full-time college student: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name/Address of School _____ _____ _____</p> <p>School phone # _____ Students SS # _____</p>	<p>8. The Dependent's natural parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced** <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Father Deceased <input type="checkbox"/> Other _____</p> <p>**Please submit appropriate section of the divorce decree that shows who is responsible for insurance coverage</p>
<p>9. Dependents Natural Mother:</p> <p>Name _____ Birthdate _____ SS # _____ Address _____ _____ Employer _____ Are you covered under any other insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of other insurance carrier _____ Single or family coverage _____</p>	<p>10. Dependents Natural Father:</p> <p>Name _____ Birthdate _____ SS # _____ Address _____ _____ Employer _____ Are you covered under any other insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of other insurance carrier _____ Single or family coverage _____</p>

I represent the above answers and statements are true and complete to the best of my knowledge and belief, and understand that statements made above will be used to verify that the above named dependent is eligible for coverage in accordance with the definition of dependent as stated in the group plan under which I am covered.

Signature of Employee _____ Date _____

FOR TRUSTMARK LIFE INSURANCE COMPANY USE ONLY:

APPROVED: The Verification of Dependent Eligibility Form for the dependent of the applicant shown above has been received and approved.

DECLINED: The Verification of Dependent Eligibility Form for the dependent of the applicant shown above has been reviewed and declined. If you disagree with this determination, please feel free to contact us, or if you have any additional information which may be relevant to this matter, please submit it and we will be happy to take it into consideration.

By: _____ Date: _____