



Dependent Eligibility Verification - Medical and Dental Coverage Affidavit

Seton Hall University practices financial controls and fraud prevention. As such, it is the fiduciary responsibility of the Department of Human Resources to ensure that our programs operate according to the terms contained in our policies and plan documents.

I further certify that my dependents are eligible for such benefit programs and if I am covering my spouse, that my marriage or civil union partnership has not ended in divorce or dissolution.

I hereby certify that the dependent information and supporting documentation (*see list below*) that I have provided for this purpose is true and correct. I further understand that falsification of this information may result in disciplinary action up to and including termination of my employment.

Print Name: _____

CWID: _____ Email: _____

Signature: _____ Date _____

Human Resources Use Only:

Original document(s) viewed and copied by: _____

Date: _____ Comments _____

List of Acceptable Documentation for Dependent Eligibility (copies not accepted)

Spouse (A member of the opposite sex to whom you are legally married) - Marriage license, marriage certificate

Civil Union Partner (A member of the same sex with whom you have entered into a Civil Union, recognized by the State of NJ) – Civil Union License

Biological Child, Step Child (under age 26) – Official birth certificate

Adopted Child or Pending Adoption (under age 26) – Adoption certificate or sworn statement of date of placement, or official birth certificate

Child for whom you are the Legal Guardian– Proof of legal guardianship and official birth certificate