



Dependent Eligibility Amnesty Change Form

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 hereby certify that the dependent information and the supporting documentation 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.

During the Dependent Eligibility Amnesty period (April 14, 2009 through May 22, 2009) you have a one-time opportunity to self-identify any individual(s) currently covered on your benefit plan(s) who do not meet the University's definition of dependent. On the chart below, list any/all individual(s) to be removed and place an "X" in the appropriate "Remove from Coverage" column. Check all plans that apply.

Return completed form to the Department of Human Resources no later than Friday, May 22, 2009. All information provided will remain confidential.

Employee's Name: _____ CWID: _____

Individual's Name	Date of Birth	Social Security #	Remove from Health Insurance	Remove from Dental Insurance	Remove from Tuition Remission	Remove from Tuition Exchange

I hereby remove the above named individual(s) during the Dependent Audit Amnesty period. I certify that any remaining dependent(s) on plans are eligible based on the SHU Definition of Dependent statement. I further understand that falsification of this information may result in disciplinary action up to and including termination of my employment.

Employee's Signature: _____ Date: _____