

Dependent Certification Check List

[This is a set with the Dependent Application Record

Name of insured	
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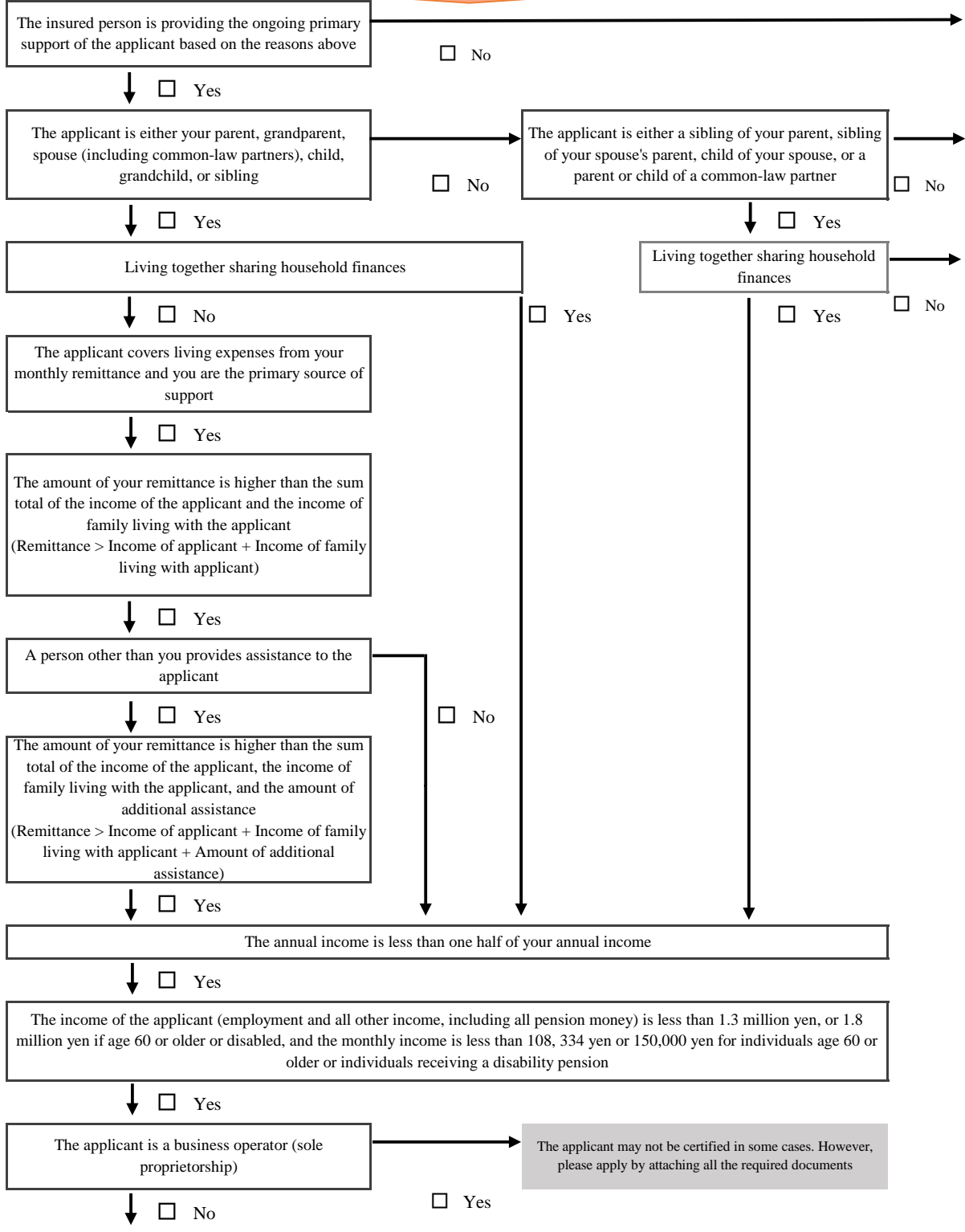
Name of applicant	
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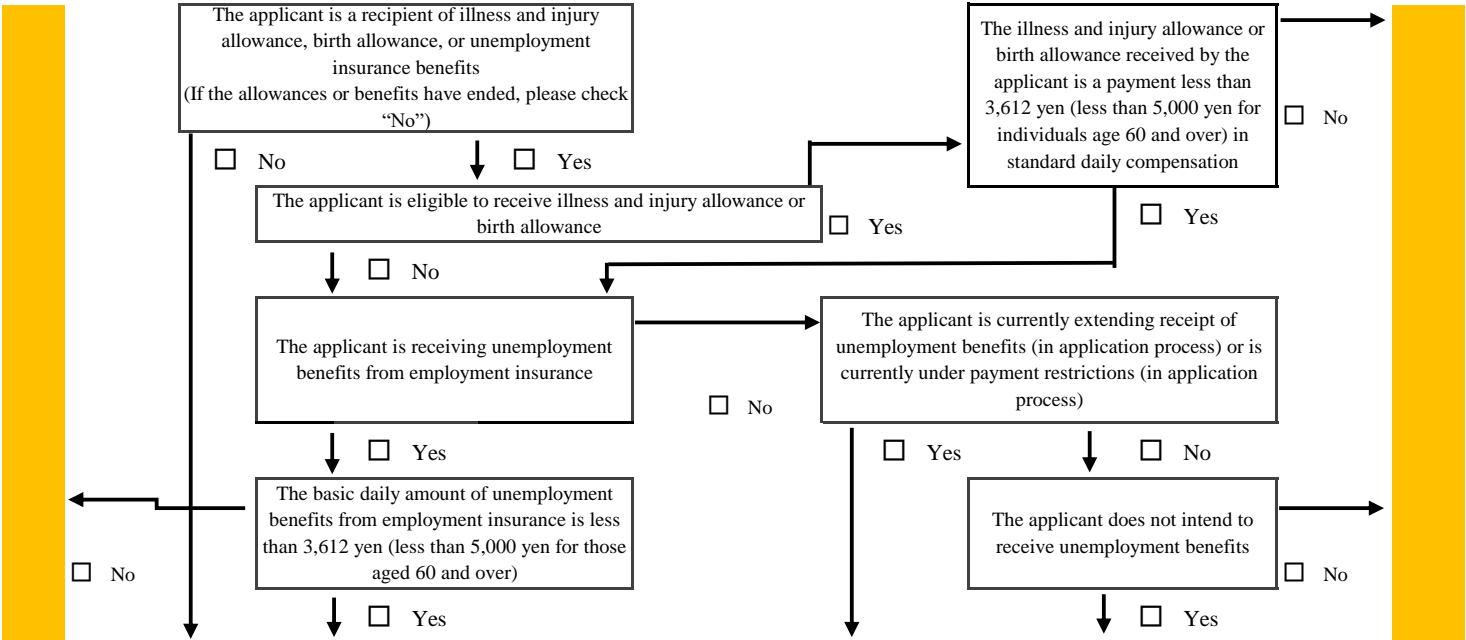
Reason for applying for certification
 (1) Retirement of spouse or child (2) Retirement of parent (3) Retirement to part-time position (4) Reduction in income (5) Marriage (retirement)
 (6) Marriage (unemployed, retired several years ago, or working part time) (7) End of employment insurance (8) Joining an organization (unemployed with no income) (9) Joining an organization (part-time work) (10) Other (Reason:)
) ← Cannot be certified if left blank

Check start (Please proceed by checking yes or no.)
 If any corrections are made to the items herein, please use two lines to cross out the mistake and affix a revision seal where the correction was made.

The applicant cannot be certified as a health insurance dependent.

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The certification applicant may be certified as a dependent. Please apply by attaching all the required documents

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