Dependent Eligibility Verification Form

January 1 – December 31, 2021

EMPLOYEE NAME: ____ EMPLOYEE #: ____________

DEPENDENT ELIGIBILITY REQUIREMENTS

You may only enroll eligible dependents in the Lakeside Industries medical plan. Eligible dependents include:

1. Your lawful spouse
2. Your children who are:
   - less than 26 years old.
   - 26 or more years old, unmarried, totally disabled, incapable of self-sustaining employment by reason of mental or physical handicap, and primarily dependent upon you for support and maintenance. The term "totally disabled" means the complete inability as a result of injury or sickness to perform the normal activities of a person of like age and sex in good health.

   The term "children" includes natural children, adopted children, and children for whom you or your spouse is the legal guardian. Step-children are eligible as long as you are married to the natural parent and the natural parent resides in your household. Children placed with you in anticipation of adoption are eligible, whether or not the adoption is final, as long as the child had not attained the age of 18 as of the date of such placement for adoption, the child is available for adoption, and the legal process has commenced. Your or your spouse's children who are alternate recipients under a Qualified Medical Child Support Order (QMCSO) are eligible.

CONFIRM DEPENDENT ELIGIBILITY

Dependent Name	Relationship (spouse, child)	Gender (Male, Female)	DOB	Does this dependent meet the definition of an eligible dependent?	
				Yes	No
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

If your dependent(s) is not eligible for the Lakeside Industries medical plan, please contact our broker, AssuredPartners MCM at mcm.esc@assuredpartners.com to review private health insurance options.

SIGNATURE AND DATE

By checking this box and typing my name below, it is my intent to electronically sign and electronically submit this form. I understand that by checking this box and typing my name below, I will be applying my electronic signature to this form and that I will be bound with the same force and effect as if I had signed this form on paper by hand.

______________________________ ______________________

Employee Name Date