



CITY of TRENTON

2800 Third Street
Trenton, Michigan 48183

2011 CERTIFICATION OF HEALTH INSURANCE ELIGIBILITY

** This form must be submitted for each adult child age 19 to 25 for whom coverage is desired **

Section 1: Statement of Eligibility

Name of Employee

Name of Adult Child

Employee's Social Security #

Adult Child's Social Security #

Adult Child's Date of Birth

Section 2: Adult Child's Status

Does this Adult Child meet the eligibility criteria for the City of Trenton's Health Insurance Plan? Yes No

Is this Adult Child employed? Yes No

If yes, Name and Address of Employer: _____

Does the employer offer health insurance for which this Adult Child is Eligible? Yes No

Section 3: Acknowledgement

I, the Employee, and I, the Adult Child referenced above, do certify under penalty of perjury that the information I have provided on this affidavit is correct and complete. I understand that omissions or incorrect statements made by me on this affidavit could lead to: (1) retroactive loss of insurance benefits for the Adult Child named above; (2) disciplinary action, up to and including termination of employment; and (3) civil and/or criminal penalties.

I understand that this form is not an application for insurance coverage and that the purpose of this form is to establish eligibility of the Adult Child named herein for health insurance coverage provided by the City of Trenton.

I understand that this signed affidavit will be retained in my employee benefits file.

Signature of Employee

Signature of Adult Child

Date

Date

**Completed forms must be returned no later than December 1, 2010, to:
City of Trenton Human Resources Office, 2800 Third Street, Trenton, MI 48183**