

Dependents with Same or Different Last Name Form

TO: Office of Insurance Services
 Insurance Benefits Management
 Post Office Box 11661
 Columbia, South Carolina 29211

FROM: _____

RE: Certification for Children with Same or Different Last Name

Employee's full name:	SSN:
Employer's name:	Group number:

This form certifies that the individual(s) listed below are the child(ren) of the employee, but they have different/same last names. These are unmarried children and principally dependent upon the employee for maintenance and support. The term child, as used in this Plan, shall mean (1) an employee's natural or adopted child, stepchild, foster child, or child for whom the employee has legal custody, and who resides in the employee's home in a parent-child relationship, or (2) for whom the employee provides support and maintenance because of a court order. Documentation of full-time student status is required for all dependents age 19 through 24.

LAST NAMES	INITIALS	DATE OF BIRTH	RELATIONSHIP

STATE OF SOUTH CAROLINA
 Sworn before me this _____ Day of _____, 2001.

Signature: _____

Expiration date: _____

Employee's Signature

Date