

REQUIRED CERTIFICATION OF DEPENDENT ELIGIBILITY

SEND COPIES, DO NOT SEND ORIGINAL DOCUMENTS WITH THIS COMPLETED CERTIFICATION

Name:	Daytime Phone:	Employee ID#
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To provide better benefits to employees and their families, this form must be completed to verify eligibility of dependents on any Amphi benefit plan.

ELIGIBLE DEPENDENTS – Includes a 1) legal spouse, 2) children (including natural child, stepchild, foster child, or legally adopted child). Dependent also includes a child for whom coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

DOCUMENTATION REQUIRED –

- Spouse – a copy of the marriage license
- Children – a copy of the birth certificate of any natural or step children; a copy of the legal paperwork for any adopted or foster children

Spouse's Name:		SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:
Child's Name:	Relationship:	SSN:	Date of Birth:

By my signature on this form, I certify that all information in this dependent eligibility verification document is true, correct and current as of the date signed. I am currently legally married to the above listed spouse.	X	
	Employee Signature	Date

It is the employee's responsibility to submit a new form each time there is a change in dependent eligibility. The form may be obtained on the Benefits portion of www.amphi.com or by contacting the Benefits department.

RETURN THIS FORM TO THE BENEFITS DEPARTMENT
 701 W. Wetmore Rd.
 Tucson, AZ 85705
 Phone: 520-696-5240