



Employee Name							
Employee ID							

2012 Affidavit for Dependent Life Insurance

Based on the information you provide when completing this form, the Human Resources Benefits Office will make a determination, according to the rules set forth in the Prudential Life Insurance Policy, as to whether or not your dependent child between the ages of 19 through 26 may continue to be enrolled in the Tufts University dependent life insurance coverage during 2012.

Dependent Life Insurance Coverage for Children

Under the Tufts University Life Insurance plan, you may be able to cover your child(ren) up to the age of 19 (or up to age 26 if a full time student). Your child may qualify for this insurance coverage if he/she meets the following criteria:

- Is under age 19 and is unmarried
- **OR** Is between the ages of 19 to 26, **AND**
 - Is a full time student in a school; **AND**
 - Is wholly dependent on you for support and maintenance
- **OR** who is unmarried and is mentally/physically disabled (as certified by your child’s physician) and who does not hold a self-sustaining job

For the purpose of this coverage, a “Dependent” can include biological children, legally adopted children, step-children and foster children. Step-children and foster children must depend on you for support and maintenance.

ACTION ITEM: To continue life insurance coverage for your adult child(ren), you must complete this affidavit and return it to the address at the bottom of the form **by December 31, 2011**. *Failure to do so will result in your adult child being removed from coverage under the Tufts University Dependent Life Insurance Plan.*

A. Dependent Status

Please identify each child (age 19 or older by the end of 2012) for whom you are requesting life insurance coverage, their date of birth and the reason why they qualify as your dependent as described above:

Name	Date of Birth
Reason	

Name	Date of Birth
Reason	

2012 Affidavit for Dependent Life Insurance (Continued)

I claim my child(ren) above as eligible for my dependent life coverage under the Tufts' Prudential Life Insurance Plan.

PLEASE REMOVE MY DEPENDENT CHILD FROM MY DEPENDENT LIFE COVERAGE.

B. Change in Dependent Status

I agree to notify the Human Resources Benefits Office in writing if there is any change in the dependent status of any dependent listed in Section A above. Recertification is required every year for dependent status.

C. Authorization and Signature:

The information provided above is correct to the best of my knowledge. I certify under penalty of perjury that the dependents listed on this form fully meet the listed definition of eligibility. I will provide, if requested, documentation regarding my relationship (birth certificate, adoption certificate, proof of enrollment in an accredited school, etc.), to this dependent, and his/her age.

Employee Name (Please Print)	University Employee ID Number
Employee Signature	Date

Return completed form by December 31, 2011 to: Tufts University Human Resources Benefits Office,
200 Boston Ave, Ste 1600, Medford, MA 02155 or fax to 617-627-3615.

HR USE ONLY <input type="checkbox"/> Received by _____ on _____ (date)
