



**CITY OF HOUSTON
FINANCIAL DEPENDENCY STATEMENT
FOR DEPENDENT CHILDREN WHO ARE NOT NATURAL/BIOLOGICAL CHILDREN**

The City of Houston Medical, Dental, Vision and Life Insurance Plans eligibility provisions, permit you to cover children who are dependent on and reside with you to the age of 26. If you wish to cover children, who are not your biological or natural children, you may do so by submitting legal and supporting documentation. Other children who would be eligible to be covered by you are:

- Adopted/Foster children
- Step-children who reside with you permanently
- Children over whom you have legal guardianship
- Grandchildren who reside with you permanently (**step grandchildren and great grandchildren are not eligible**)

Supporting documentation required for covering the children listed above would consist of:

- Birth certificate or Verification of birth facts (heirloom copies not valid)
- Adoption paperwork
- Legal guardianship paperwork
- This form signed by the employee
- Noted: the City of Houston reserves the right to request other documentation directly related to dependency of the child (ren) as deemed necessary.

If you wish to cover grandchildren, you **“must”** also provide the birth certificate of your child, to which the grandchild is born. Your name must be listed as a parent of your child on their birth certificate.

I hereby certify that the child(ren) listed below and identified on the application or other document(s) I submitted/signed on _____ is/are my dependents as defined by the Internal Revenue Service and as defined in the City of Houston Health Benefits plans (see above list of eligible dependents).

Dependent name and date of birth

By signing in the space below, I certify that the information and all supportive documentation submitted with this application or in the future in connection herewith is true and correct and based upon my personal knowledge. Any misrepresentation (overt or by omission) may be considered a fraudulent act. Therefore, any fraudulent act or refusal to provide the documentation requested shall be grounds for denial of coverage, or refusal or rescission of coverage applicable with the respect to the child (ren) to whom the misrepresentation relates without the health insurance benefits, the City of Houston or either plan administrator having any further liability or obligation to cover the expenses of such child (ren). The carrier would also be entitled to recover any expenses incurred and improperly paid by it by reason of such misrepresentation. This certification is made under penalty of perjury for the consideration and purpose of obtaining benefits for said dependents designated on this application form.

Employee name

Signature

Date: _____

ID or SS#: _____