

DISABLED DEPENDENT CERTIFICATION – IDENTITY THEFT PROTECTION PLAN

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____

Employee Address: _____

Dependent's Name: _____

Dependent's DOB: _____

Does the dependent reside in your home? _____

If not, please explain and provide address:

Is dependent employed? _____

Is he/she listed as a dependent on your last Federal Income Tax Return? _____

PROOF OF DEPENDENT STATUS

Please provide a signed copy of this completed form along with the last Federal Income Tax Return filed showing disabled adult dependent as a tax dependent.

CERTIFICATION

By signing below, I certify all information is true and correct to the best of my knowledge.

Employee Signature

Date
