

Christian Brothers

EMPLOYEE BENEFIT SERVICES

a division of Christian Brothers Services

1205 Windham Parkway, Romeoville, IL 60446-1679

630-378-2900 • 800-807-0100 • Fax 630-378-2504

E-mail info@cbservices.org • Web www.cbservices.org



FULL TIME STUDENT/DEPENDENT ELIGIBILITY INFORMATION

EMPLOYEE NAME & SOCIAL SECURITY # _____

Please complete the following so that we may verify dependent eligibility:

1. Is the dependent married? **Yes** **No**
2. Is the dependent living with you? **Yes** **No**
3. Does the dependent attend school full time for the **Spring** _____ (year) and/or **Fall** (year)?
Yes **No** If yes, please provide the following:
Name of school:

Telephone # of school:

Social Security # of student:
4. Does the dependent have medical/dental coverage from any other source? **Yes** **No** If yes, please provide details:
5. Does the dependent work? **Yes** **No** If yes, please provide name, address, and telephone number of employer:
6. Will the dependent earn \$3,050 or more this calendar year? **Yes** **No**
7. Do you provide more than half the dependent's support? **Yes** **No**
8. Will you claim this dependent as an exemption on your tax return for this calendar year?
Yes **No**

IMPORTANT: BASED ON IRS REFERENCE MATERIAL, YOU CANNOT CLAIM THIS DEPENDENT IF HE/SHE EARNS \$3,050 OR MORE AND IS NOT A FULL-TIME STUDENT.

Signature of employee: _____ Date: _____

It is important that you respond as quickly as possible to the above questions as we do not wish to delay benefit payments. Please return completed form with signature and date by mail to Christian Brothers Employee Benefit Services, 1205 Windham Parkway, Romeoville, IL 60446. Or you can fax the form to us at 630-378-2504. Thank you for your assistance. If you have any questions, please call our Customer Service Department at #1-800-807-0400.