



IOWA BANKERS

INSURANCE AND SERVICES, INC.

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Iowa Bankers Benefit Plan Dependent Verification Form

BANK NAME	CITY	ROUTING/BILLING #
EMPLOYEE NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER
DEPENDENT NAME (Last, First, Middle Initial)		DEPENDENT DATE OF BIRTH

Please complete BOTH "Student Status" and "Dependent Relationship Status" for above named dependent.

Student Status – Check one

Full-Time Student
 I certify that (Name) _____ is a full-time, unmarried student at

 (Name of Accredited Educational Institution)

Non Student
 My dependent is NOT a full-time student at an accredited educational institution. I understand I may continue health and/or dental coverage until the end of the year in which he/she marries or until the first of the month following his/her 25th birthday, whichever is earlier.

Dependent Relationship Status – Check one

Qualifying Child
 I certify that (Name) _____ meets the IRS definition of a "qualifying child", meeting all of the criteria below:
 Is my son, daughter, stepchild, or foster child; AND
 Maintains the same principle residence as me for more than one-half of the year; AND
 Is under the age of 24 and a full-time student; AND
 Is someone for whom I provide over half of his/her support for the year

Qualifying Relative Dependent
 I certify that (Name) _____ meets the IRS definition of a "qualifying relative", meeting all of the criteria below:
 Is my son, daughter, stepchild, or foster child; AND
 Is unmarried; AND
 Is NOT someone's qualifying child; AND
 Is someone for whom I provide over half of his/her support for the year

Over Age Dependent
 I certify that (Name) _____ **does not** meet the IRS definition of "qualifying child" or "qualifying relative", as outlined above.

 I understand there will be tax consequence for his/her coverage. (See "Calculating Taxable Premiums for Over Age Dependents" worksheet)

If you are not sure that your child meets the IRS dependent definitions to be claimed as an exemption or to be eligible for health coverage without tax consequences, you should contact a tax advisor to review the rules. IRS dependency rules are referred to in 26 U.S.C. 106 (Section 106 of the Internal Revenue Code) and Code Section 152 of the Internal Revenue Code as further explained under Internal Revenue Service Notice 2004-79.

I attest that all statements on this form are true. The Health Plan Administrator reserves the right to request additional information and verification of your child's student or tax status.

Employee Signature _____ Date _____

