

Dependent Child Eligibility Questionnaire

Return completed form to: Insurance Operations, GuideStone Financial Resources SBC, 2401 Cedar Springs Road, Dallas, TX 75201-1498

Before consideration can be given to adding this child as a dependent of the employee, it is necessary for us to obtain the following information.

PARTICIPANT INFORMATION

Participant name: _____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Employer name: _____ Employer number: _____

Employer address: _____ Employer telephone number: (____) _____

City: _____ State: _____ ZIP Code: _____

CHILD INFORMATION

Name: _____ Social Security number: _____

Birth date: ____/____/____ Relationship to participant _____

On what date did the child become a member of the participant's household? ____/____/____

Does the child reside in the participant's home? Yes No

Is the child dependent upon the participant for support and maintenance? Yes No

Is the participant the legal guardian or managing conservator? Yes No

If so, please provide documentation such as a copy of the court decree or guardianship papers.

Is the participant required to provide health care by court order? Yes No

I hereby declare that all statements and answers to the above questions are complete and true and that they are the basis upon which coverage is requested under the group policy.

Signature of participant: _____ Date: ____/____/____

Employer's authorized representative: _____ Date ____/____/____

GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____

