

Certification of Dependent Eligibility Personal Plans

Proof of dependent eligibility is **due within 60 days of approval** for GuideStone coverage. You **must** submit a copy of one of the following documents for each of your dependents as proof of their eligibility for enrollment in the GuideStone insurance program:

For spouse and/or child(ren):

- Notarized Certification of Dependent Eligibility form (this form)
- Current Tax Return (1040 only, black out financial data)
- Marriage License (for spouse only)

For children only:

- State issued birth certificate
- Adoption papers
- Court order establishing guardianship

Participant first name: _____ MI: _____ Last: _____

Social Security number (last four digits): _____ Daytime telephone: (_____) _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Employer (or school) name: _____ Employer account number: _____

Employer telephone: (_____) _____ Email address: _____

DEPENDENTS

I am legally married to _____,

Spouse Date of Birth: ____/____/____ Spouse Social Security number (last four digits): _____

Each individual listed below is my spouse and/or my dependent under age 26. *Additional eligibility criteria are listed in our Plan Booklets online at www.GuideStoneInsurance.org. A printed copy may be requested by calling 1-888-98-GUIDE (1-888-984-8433):*

Dependent Name	Date of Birth	Social Security Number
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

(additional dependents may be listed on the back of this form)

I certify that the above dependents meet the eligibility requirements for GuideStone coverage. I acknowledge that failure to adhere to the eligibility rules will result in the termination of coverage for the affected enrollee(s) and GuideStone may require reimbursement for claims paid on behalf of ineligible enrollees.

Signature: _____ Date: ____/____/____

Notarization (REQUIRED when legal documentation is not returned with this form):

Notary Seal:

Acknowledged before me this _____ day of _____ (month), _____ (year).

Notary Public: _____ State: _____ My commission expires: ____/____/____

This form or supporting documents may **be faxed to 214-720-4676 or mailed to:** Insurance Operations – Personal Plans
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

GUIDESTONE USE ONLY

Approved by: _____ Date: ____/____/____

