

## Class II Dependent Worksheet

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Complete this questionnaire if you are enrolling a Class II dependent in Section H. This information will be used to determine if your dependent meets the eligibility requirements. Answer all questions completely. Complete one form for each Class II dependent

Your Name	Your Social Security Number
Class II Dependents Name	Dependent's Relationship to Employee
Dependent's Home Address	Dependent's Birthdate
Zip	Dependent's Home Telephone

  

<p>1. a) Do you claim this person as a dependent on your Federal Income Tax Return?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b) How long has this person been dependent on you? _____</p> <p>2. List total annual income/support of dependent excluding that provided by you:</p> <p>Social Security _____</p> <p>Pensions _____</p> <p>Wages _____</p> <p>Other (Specify) _____</p> <p>Total _____</p> <p>How much do you estimate the annual income will be next year?</p> <p><input type="checkbox"/> Under \$5000                      <input type="checkbox"/> \$6001-\$7500</p> <p><input type="checkbox"/> \$5001 - \$6000                    <input type="checkbox"/> Over \$7500</p> <p>3. What support do you provide other than providing a place to live? Explain _____</p> <p>_____</p> <p>_____</p> <p>4. Does he/she receive any assistance or support from other relatives?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, how much annually \$ _____</p> <p>Explain, if other than money _____</p> <p>_____</p> <p>_____</p> <p>5. If this dependent is a child, complete this section:</p> <p>a) Is this child a full-time college student? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Name of College _____</p> <p>Location _____</p> <p>b) Have you been appointed legal guardian (or tutor in La) of this child?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    (If yes, attach copies of guardianship papers to form)</p>	<p>6. Does this dependent live with you full-time in your house, which you own or for which you are solely responsible for all rent or mortgage?</p> <p><input type="checkbox"/> Yes    How long has he/she lived with you? _____</p> <p><input type="checkbox"/> No    If no, does this person live in (check one)</p> <p><input type="checkbox"/> A house or an apartment that he/she owns or leases</p> <p><input type="checkbox"/> Another house that you own (Attach copy of deed)</p> <p><input type="checkbox"/> An apartment or house that you own or lease and pay rent, etc. (Attach copy of lease or deed)</p> <p><input type="checkbox"/> A nursing home</p> <p>Where did this dependent live prior to entering a nursing home?          Explain _____</p> <p>_____</p> <p>_____</p> <p>For how long? _____</p> <p><input type="checkbox"/> With another relative</p> <p><input type="checkbox"/> Other (Explain) _____</p> <p>_____</p> <p>_____</p> <p>How far does this dependent live from you?          Within _____ miles of my residence.</p> <p>How long has your dependent lived at present address? _____</p> <p>What was previous address if household was provided by you?          _____</p> <p>_____</p> <p>Were you transferred by the Company from the area where your dependent now lives? _____</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Effective date of transfer _____</p> <p>If yes, was your dependent carried as a Class II Dependent before your transfer?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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Employee/Retiree's Signature	Date
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