

Dependent Qualification Affidavit

This form is to be used to affirm that a dependent qualifying child/qualifying relative is eligible for coverage under PEIA.

I, _____ hereby affirm that
(fill in policyholder's full name and Social Security Number)

the child/relative, _____, is qualified for coverage under
(fill in child's full name)

PEIA because he/she resides in my household, is dependent upon me for more than 50% of his/her financial support and maintenance, and meets all other eligibility criteria for coverage. I agree that if this dependent's financial or residency status changes, I will notify my employer and PEIA immediately.

I certify this information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted.

PEIA Policyholder Signature _____ Date _____

STATE OF WEST VIRGINIA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of

_____, by _____.

My commission expires: _____

Notary Public