

DEPENDENT VERIFICATION WORKSHEET – CHILD

INTEGRIS

CERTIFICATION: I certify the information I have provided is true and correct, and that I am responsible to update the information I have provided in the event it changes. I understand the documentation will be reviewed and a determination will be made regarding my dependent's eligibility for coverage. I acknowledge that falsifying this information or failing to update this information will lead to cancellation of my dependent's coverage. Submission of this worksheet and documentation does not necessarily guarantee eligibility for benefits.

Employee Signature: _____ Date: _____

DEADLINE: Your deadline is 30 days from your hire date, or, if change is due to a change in Family or Job status, deadline is 30 days from the qualifying event. Failure to submit the required documentation by the deadline will result in your dependents being removed from all INTEGRIS benefit plans.

Please complete Parts 1, 2, and 3 as applicable and attach copies of supporting documentation to the back of this worksheet, or electronically, and mail to INTEGRIS Human Resources at the address below. *Please keep a copy of this worksheet for your records.*

INTEGRIS Human Resources
3520 NW 58th St Suite A-100
Oklahoma City, Oklahoma 73112
Scan and Email: HRCustomerService@integrisok.com
Fax 405-945-4480

*For medical, dental and vision coverage children are eligible up to age 26 regardless of full-time student status, residency, financial support or marital status.