

State of Colorado

Affidavit for Dependent Child



Agency/Org ID: _____

Employee Name: _____ Social Security No.: _____

Dependent Name: _____

Date of Birth : _____ Social Security No: _____

I wish to cover the above named child as my dependent in the state's medical and/or dental program in which I have enrolled pursuant to the rules and procedures of the State of Colorado Department of Personnel & Administration.

Upon signing this form, I the undersigned, attest that the above named dependent:

- Is my son or daughter by birth, adoption, or marriage, or is a child of a qualifying relative for whom the court has granted me legal custody; or a foster child.
- Is unmarried;
- Is under age 25, or is permanently disabled; and
- If age 19 or older, has their legal residence with me; or
- Depends upon me for significant financial support and would not be financially solvent without such support;

I understand that medical and dental coverage for my dependent child can be funded with pre-tax contributions ONLY if my dependent meets the requirements of IRC Section 152(d), that is:

- Under age 19, a full-time student under age 24, or permanently disabled; and
- A citizen or resident of the United States, Mexico or Canada

I understand that the fair market value of medical and dental coverage for my dependent child is included in my gross income UNLESS:

- I am entitled to claim a federal income tax exemption for my dependent;

I understand that the State may request verification of the information contained in this Affidavit including, but not limited to, my dependent's birth certificate, driver's license, car registration, bank account and tax returns.

Employee's Signature: _____ Date: _____

It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's group benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, statutes, and written directives.