



DECLARATION OF DEPENDENT ELIGIBILITY
SAN DIEGO UNIFIED SCHOOL DISTRICT

Please check only one Spring 20__ (due by Jan 31st)
 Fall 20__ (due by Sept. 30th)
 19th Birthday (due by end of birth month)

I, _____, submit this **Declaration of Dependent Eligibility** to establish
NAME OF EMPLOYEE

_____ as my dependent according to the Student Dependent or Disabled
NAME OF DEPENDENT

Dependent rules of my District for the purpose of qualifying for any benefits that the District may extend to employees and their dependents.

I declare and acknowledge the following: _____ has been determined to be **totally disabled** per the rules of my District, conditions specified by Carrier Contracts, and upon acceptable physician certification, and is incapable of self-sustaining employment by reason of mental retardation or physical handicap, incurred prior to age 19, and who is primarily dependent upon me for support and maintenance.

OR _____ is an unmarried child who is nineteen (19) years of age but less than twenty-five (25), is primarily dependent on me for support and maintenance, and attends an accredited college, university, or a State Department of Education-approved vocational/technical school on a **full-time basis (12 units per semester)**.

- I have an obligation to file an eligibility change form with my District within 30 days of my student dependent's failure to maintain full-time student status at an approved college, university, or vocational/technical school, or within 30 days of a change in my disabled dependent's condition.
- I understand that I am responsible for the reimbursement of any expenses incurred as a result of any false or misleading statements contained in this **Declaration of Dependent Eligibility**, including claims paid under any benefit plans in which I enroll my dependent. Additionally, I understand that enrolling a dependent over the age of 19 who does not meet the Student Continuation or Disabled Dependent Standards of my District may have severe tax consequences for me or my dependent.

I declare, under penalty of perjury, that the foregoing is true and correct and that this **Declaration** was executed in _____, California. Furthermore, I understand that neither the District nor the Southern California Schools Voluntary Employees Benefits Association will provide legal advice and I should consult my attorney regarding the possible legal implications of filing this **Declaration of Dependent Eligibility**.

Employee Signature

Date

Print Name of Employee

Print Name of Dependent

Employee Social Security Number

Dependent Social Security Number

Employee ID

Employee Address (Street, City, State, Zip Code)

White and yellow copies to: Southern California Schools VEBA
c/o McGregor & Associates, Inc.
8885 Rio San Diego Dr, Suite 327
San Diego, CA 92108

Pink copy to: Employee

SDUSD