

**GROUP & PENSION ADMINISTRATORS, INC.**  
**DEPENDENCY QUESTIONNAIRE**  
**(Please Print)**

We have received a request to add the below named child as a dependent of the employee. Before consideration can be given this Dependency Questionnaire must be completed by the employee and submitted to Group & Pension Administrators, Inc., 300 Municipal Drive, Richardson, Texas 75080. This form must be submitted within 30 days of the employee's application for dependent coverage.

EMPLOYER: **EAGLE PASS ISD**

PLAN NUMBER: **S860032**

EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME OF CHILD: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

1. CHILD'S RELATIONSHIP TO EMPLOYEE:

- NATURAL CHILD                       STEP-CHILD                       GRANDCHILD  
 FOSTER CHILD                       ADOPTED CHILD  
 OTHER, please describe relationship \_\_\_\_\_

2. DOES THIS UNMARRIED CHILD CURRENTLY RESIDE WITH THE EMPLOYEE?

- Yes     - No    If NO, provide child's address along with the name of the person the child resides with and the child's relationship to that person.

3. IS THE CHILD FINANCIALLY DEPENDENT UPON THE EMPLOYEE?

- Yes     - No    If NO, provide the full name of the person that is financially responsible for the child and the child's relationship to that person.

4. HAS THE EMPLOYEE OR EMPLOYEE'S COVERED DEPENDENT SPOUSE BEEN REQUIRED BY A COURT ORDER OR DIVORCE DECREE TO COVER THIS CHILD?

- Yes     - No    If YES, attach a copy of the **Court Order** or Divorce Decree to this form.

5. HAS THE EMPLOYEE BEEN DESIGNATED AS THE CHILD'S GUARDIAN BY COURT ORDER?

- Yes     - No    If YES, attach a copy of the **Court Order** to this form.

6. DOES THE EMPLOYEE CLAIM THIS DEPENDENT CHILD AS AN EXEMPTION ON HIS/HER FEDERAL INCOME TAX?

- Yes     - No

7. DO EITHER OF THE CHILD'S PARENTS RESIDE IN THE SAME HOUSEHOLD WITH THE EMPLOYEE?

- Yes     - No    If YES, name the parent and list relationship to employee \_\_\_\_\_

8. YOU REPRESENT EACH AND EVERY ONE OF THE FOREGOING ANSWERS TO BE TRUE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE AND BELIEF?     - Yes     - No

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date form completed)