

C&K Market, Inc.
Dependent Verification Form

I. Dependent Information

Please complete the following so we may verify your family status and determine your correct family size for Cafeteria Plan (Plan) enrollment purposes.

Employee: _____
 Print Name (Last, First, MI) Employee Number

Dependent(s): Check box if enrolling Dependent in Medical and/or Dental Insurance Coverage.

- | | | | |
|--------------------------|------------------------------|--------------|-----------|
| <input type="checkbox"/> | Print Name (Last, First, MI) | Relationship | Birthdate |
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| <input type="checkbox"/> | Print Name (Last, First, MI) | Relationship | Birthdate |

II. Definition of Dependent for Medical and/or Dental Insurance Coverage. A dependent is any one of the following persons:

A covered employee’s spouse and unmarried children from birth to the limiting age of 19 years. The dependent children must be primarily dependent upon the covered employee for support and maintenance. However, a dependent child will continue to be covered after age 19, provided the child is a full-time student (enrolled in a schooling program or trade skills program accredited by the proper state licensing board and carrying a minimum of 12 credit hours), primarily dependent upon the covered employee for support and maintenance, is unmarried and under the limiting age of 23. When the child reaches either limiting age, coverage will end at the end of the month in which the child reaches the limiting age.

A covered dependent child who is totally disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered employee for support and maintenance, unmarried and covered under the Plan when reaching the limiting age. The Plan Administrator may require, at reasonable intervals during the two years following the dependent’s reaching the limiting age, subsequent proof of the child’s total disability and dependency.

(CONTINUED ON BACK)

III. Proof of Dependent Status

Please provide proof of dependent status for your dependents you have listed above. Check the box below that shows how you will demonstrate proof of dependent status and attach the appropriate documentation.

- 1) Attached is a copy of my most recent Federal Income Tax Return. (You may black out financial information.)
- 2) Attached is a copy of a separation agreement that requires me to provide health care coverage for the dependent(s) listed in Part I above.
- 3) Attached is a copy of a child support agreement that requires me to provide health care coverage for the dependent(s) listed in Part I above.
- 4) Attached is a copy of a custody agreement showing that requires me to provide health care coverage for the dependent(s) listed in Part I above.
- 5) Attached is proof of legal guardianship.
- 6) Attached is a copy of a Qualified Medical Child Support Order that requires me to provide health care coverage for the dependent(s) listed in Part I above.

IV. Certification and Acknowledgments

I acknowledge and understand the following:

If you make false representations about your participation in the C&K Market, Inc. Employee Benefit Plan (the "Plan"), the Plan has the right to terminate coverage permanently for you and all of your eligible dependents. The Plan may seek reimbursement from you of all claims paid as a result of the misrepresentation and may pursue legal action against you. In addition, you will be required to reimburse C&K Market, Inc. for the value of any premiums paid by them for coverage of any ineligible dependents in the Plan. Such misrepresentation may also result in disciplinary action up to and including termination of employment. False representation includes, but is not limited to, adding a dependent who is ineligible (for instance, adding a spouse when you aren't married or adding a child who doesn't meet the plan qualifications of an eligible dependent) or permitting another individual to use your medical benefits card.

I agree to immediately notify C&K Market, Inc. of any change in this tax dependent status.

I hereby declare under penalty of perjury under the laws of the State of _____ that, to the best of my knowledge and belief, all statements in this enrollment form are true, correct and complete.

Employee Name (Print)

Employee Signature

Date

**Certification in Lieu of Documentation as
Required by Dependent Verification Form**

I have listed my dependents on the attached C&K Dependent Verification Form; however I cannot provide proof of dependent status as required for my dependent(s) listed below.

Print Name (Last, First, MI)

Relationship

Birthdate

Print Name (Last, First, MI)

Relationship

Birthdate

Print Name (Last, First, MI)

Relationship

Birthdate

In lieu of a Tax Return, or other proof listed on the Dependent Verification form, I am offering and enclosing the following: (Please be specific and attach supporting paperwork).

I have read IRS Section 152 Tax Dependent Status and I certify that the Dependent(s) meets the requirements. Furthermore, I understand the difference between the definition of an 152 tax dependent and dependent eligibility for Medical and/or Dental Insurance Coverage under the C&K Market, Inc. Cafeteria Plan. I also understand that C&K Market may in its sole discretion find the explanation and attached materials sufficient to establish dependent status.

C&K Market Human Resources to complete:

Materials submitted: **Sufficient** **Insufficient**