

request

for exception to dependent child definition



Name of Employer (Policyholder): _____

Policy Number: **010-**_____

Employee's Last Name, First, MI: _____

Social Security Number: _____

Coverage is being requested for my dependent(s) listed below.

Name	Birthdate	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. (a) What portion of the child's support is contributed by the employee?

(b) Are you entitled to take Federal Income Tax deductions for the child/children?

2. Who is legally responsible for the payment of the child's medical expenses?

3. How long has the current support arrangement existed?

4. Where does the child actually reside?

5. (a) What are the circumstances regarding the natural parents of the child — are they deceased, divorced, where are they currently residing?

(b) Is the current support arrangement governed by legal documents, such as a divorce decree or guardianship papers?

Please mail to: Attn: Group Customer Service
Ameritas Life Insurance Corp.
P.O. Box 81889
Lincoln, NE 68501-1889

or fax to: 402.467.7338