

**Penn State  
Certificate of Dependent Eligibility Attestation**

**TO VERIFY YOUR DEPENDENTS, YOU MUST SIGN AND RETURN THIS CERTIFICATE  
OF DEPENDENT ELIGIBILITY ATTESTATION ALONG WITH THE REQUIRED  
DOCUMENTATION**



**The following individuals are eligible for the Medical, Dental and Vision plans:**

- Spouse or Same-Sex Domestic Partner
- Children up to age 26 (regardless of whether he/she qualifies as the employee's tax dependent, is a full-time student, or is married). An eligible child is defined as follows: a natural child, a step-child, a legally adopted child, a same-sex domestic partner's child, or a disabled child incapable of self-sustaining employment enrolled prior to age 26.

**The following individuals are eligible for the Grant-in-Aid tuition discount:**

- A spouse or same-sex domestic partner (unless appointed as a graduate assistant, graduate fellow, or non-stipend scholar); eligible for discount 2 years from employee's date of hire.
- An **unmarried** son or daughter
  - including a natural child
  - step-child
  - a legally adopted child
  - a same-sex domestic partner's child
- **AND** only until such dependent child receives the **first** bachelor's degree from the University or any other college or university. (Please refer to policy HR 37, Grant-In-Aid for Dependents for full policy language)

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I certify that the documentation I provide is true and correct and meets the definition of eligible dependents, as stated above. I authorize Aon Hewitt to review my dependent's records to confirm eligibility for the medical, dental, and vision plans. If applicable, I authorize Aon Hewitt to review my dependent's records to confirm eligibility of tuition discount and I certify that my dependent child is not married and does not have a degree from Penn State or any other college institution. I understand that a falsification of documents or covering of dependents who do not meet the eligibility criteria, intentionally or unintentionally, may result in disciplinary action up to and including termination of employment.

\_\_\_\_\_  
Employee name (printed)

\_\_\_\_\_  
Penn State Employee ID#

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date



**Return completed form to Aon Hewitt at:**

**Online Upload:** [www.yourdependentverification.com/plan-smart-info](http://www.yourdependentverification.com/plan-smart-info)

**Secure Fax:** 1-877-965-9555

**Mail:** Dependent Verification Center, P.O. Box 1414, Lincolnshire, IL 60069-1414

If you have questions or need assistance, please call the Dependent Verification Center at 1-888-223-3338.

