



GRANDCHILD ATTESTATION FORM

EMPLOYEE/RETIREE PERSONAL INFORMATION (Please print or type)

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER ()	EMAIL ADDRESS		

I, the undersigned, declare that my grandchild(ren) listed below lives in my household and is unmarried.

NAME (LAST, FIRST, MIDDLE INITIAL)	RELATIONSHIP	SEX	BIRTH DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		
DEPENDENT		<input type="checkbox"/> M <input type="checkbox"/> F		

Employee Signature

Date

Documents needed for dependent verification:

- Birth certificate of grandchild
- Copy of legal custody decree
- Student verification (if applicable)
- Signed attestation form

PLEASE MAIL OR FAX THIS FORM TO OGB:

By Mail: Office of Group Benefits
 Annual Enrollment
 P.O. Box 44036
 Baton Rouge, LA 70804

By Fax: Office of Group Benefits
 Annual Enrollment
 (225) 342-9917
 or
 (225) 342-9919

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