



## DEPENDENT LEGAL CUSTODY 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 I have legal custody of the unmarried dependent(s) listed below.

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 dependent(s)
- 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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