

# 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