



Dependent Eligibility Certification for Dependent with Expired Placement Order

Please review and sign the following certificate of eligibility and submit a complete copy of each signed and dated placement order that you are relying on to support this certification. The expired placement order(s) must be submitted for eligibility.

1. I hereby certify that the person(s) listed below was/were placed with me by a valid order of guardianship, custody or conservatorship (or legally equivalent order) by a court of competent jurisdiction ("placement order") and that the placement order terminated or expired because the person reached the legal age of majority;

2. I hereby certify that the placement order relied upon is not a placement for foster care by the Tennessee Department of Children's Services or equivalent placement agency;

3. I hereby certify that I have the following relationship with the person:

_____ The person is a child or grandchild of my son/daughter, stepson/stepdaughter;

_____ The person is my brother/sister, half-brother/half-sister, stepbrother/stepsister, son/daughter-in-law, brother/sister-in-law, or niece/nephew; or

_____ The person shares the same principal place of abode with me and is a member of my household;

4. I hereby certify that I provide over one-half of the person's financial support for the taxable year;

5. I hereby certify that the person is a U.S. citizen, a U.S. national or a resident of the U.S., Mexico or Canada;

6. I hereby certify that I will immediately notify Benefits Administration if one of the statements in number 3, 4 or 5 above is no longer accurate; and

7. I hereby certify that if I fail to immediately notify Benefits Administration that one of the statements in number 3, 4 or 5 above is no longer accurate, and medical claims are paid to or on behalf of an ineligible dependent, I will be personally responsible to reimburse the State of Tennessee for all amounts paid.

Name of Dependent(s)

Dependent(s) Date of Birth

Head of Contract Name

Head of Contract Edison Employee ID

Head of Contract Signature and Date