



**Certification of Eligibility for Dependents Placed with Head of Contract by Valid Placement Order (Currently Active Placement)**

**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 placement order(s) must be submitted for eligibility.**

1. I hereby certify that the person(s) listed below is/are currently 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 is currently in effect and has not expired by subsequent court order or by operation of law;
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 will immediately notify Benefits Administration when the placement order terminates or expires; and
4. I hereby certify that if I fail to immediately notify Benefits Administration when the placement order terminates or expires and medical claims are paid to or on behalf on 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

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Head of Contract

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Head of Contract Signature and Date

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Head of Contract Edison Employee ID