

ILLINOIS STATE
UNIVERSITY

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Office of Human Resources



TO: Human Resource Customer Service Center

RE: Dependent Insurance Coverage

I am applying to have dependent coverage added for _____
and certify that he/she is a

- _____ Child for whom I have legal guardianship (additional documentation required)
- _____ Stepchild who lives with me in a parent-child relationship for at least 50% of the time (additional documentation required)
- _____ Adjudicated child for whom a U.S. Court Decree has established a member's financial responsibility for the child's medical, dental, and other health care (additional documentation required)

Employee Signature

Date