Dependent Eligibility Verification Form

January 1 – December 31, 2026

EMPLOYEE NAME: _____ **EMPLOYEE #:** _____

DEPENDENT ELIGIBILITY REQUIREMENTS

You may only enroll eligible dependents in the Lakeside Industries medical plan. Eligible dependents include:

1. Your lawful spouse

2. Your domestic partner (must meet the definition of domestic partners in the Lakeside Industries Domestic Partner Coverage Overview and sign the Declaration of Domestic Partnership)

3. Your children who are:
   - less than 26 years old.
   - 26 or more years old, unmarried, totally disabled, incapable of self-sustaining employment by reason of mental or physical handicap, and primarily dependent upon you for support and maintenance. The term "totally disabled" means the complete inability as a result of injury or sickness to perform the normal activities of a person of like age and sex in good health.

     The term "children" includes natural children, adopted children, your domestic partner's children, and children for whom you or your spouse/domestic partner is the legal guardian. Step-children are eligible as long as you are married to the natural parent and the natural parent resides in your household. Children placed with you in anticipation of adoption are eligible, whether or not the adoption is final, as long as the child had not attained the age of 18 as of the date of such placement for adoption, the child is available for adoption, and the legal process has commenced. Your or your spouse's children who are alternate recipients under a Qualified Medical Child Support Order (QMCSO) are eligible.

CONFIRM DEPENDENT ELIGIBILITY

Dependent Name	Relationship (spouse, domestic partner, child)	Gender	DOB	Does this dependent meet the definition of an eligible dependent?	
				Yes	No
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

If your dependent(s) is not eligible for the Lakeside Industries medical plan, please contact our broker, AssuredPartners at mcm.esc@assuredpartners.com to review private health insurance options.

SIGNATURE AND DATE

By my signature on this form, I certify and warrant to Lakeside Industries that all dependent information on this form is true, correct, and current as of the date signed.

_____ _____

Employee Signature Date