Evidence of Dependent Disability and Support

Use this form to verify your dependent's financial support and place of residence.

Personal and dependent information

Member's name		Last 4 digits of SSN
Address		
City	State	ZIP
Email	Email preference ☐ Standard ☐ Secure	
Your dependent's full name		
Does your dependent reside with you? ☐ Yes ☐ No If no, provide dependent's address.		
Address		
City	State	ZIP

Financial support information

Indicate the percentage of support furnished for your dependent: %.

Note: A dependent is any individual for whom the member is providing at least 50% support.

Did you claim this dependent as an exemption for income tax purposes last year? ☐ Yes ☐ No

If yes, you must include your most recent Internal Revenue Service Form 1040. If no, please include a detailed support statement that substantiates your 50% or more support.

Have you supported your dependent from the date of disability to the present date? ☐ Yes ☐ No

If no, explain why.

Complete and email this form to the Board of Pensions at memberservices@pensions.org.

Questions? Call the Board at 800-773-7752 (800-PRESPLAN)

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

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Dependent income verification

Is dependent employed? ☐ Yes ☐ No		
If yes, name of dependent's employer		
Date of hire	Occupation	Hours worked per week
Rate of pay $ per ☐ Hour ☐ Week ☐ Month ☐ Year		
Does your dependent receive Social Security Disability Income (SSDI)? ☐ Yes ☐ No		
If yes, provide effective date *(mm/dd/yyyy)*		Monthly amount
Does your dependent receive Social Security Supplemental Income? ☐ Yes ☐ No		
If yes, provide effective date *(mm/dd/yyyy)*		Monthly amount

Other medical coverage

Provide the name of any other group policy that your dependent is covered under and the effective date.

Other employer medical coverage	Effective date *(mm/dd/yyyy)*
Medicare	Effective date *(mm/dd/yyyy)*
Medicaid	Effective date *(mm/dd/yyyy)*
Other prescription coverage	Effective date *(mm/dd/yyyy)*

Certification

I certify that the information on this form is complete and accurate. I consent to receive communications via standard email or as designated to the email address provided.

Member signature *(required)*	Date *(mm/dd/yyyy)*

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