



Ford National Employee Services Center  
P.O. Box 1045  
Totowa, NJ 07511-1045

U.S. BENEFITS  
www.myfordbenefits.com  
1-800-248-4444

### Eligibility Verification Form

Please print your name: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_

Please return this form and the supporting documentation (generally a copy of the child's birth certificate) to verify the eligibility of the dependent(s) indicated below. Include each dependent's first and last name:

Name: \_\_\_\_\_ Relationship: Child

Name: \_\_\_\_\_ Relationship: Child

Name: \_\_\_\_\_ Relationship: Child

Name: \_\_\_\_\_ Relationship: Child

Name: \_\_\_\_\_ Relationship: Child

### Authorization

I certify that the information I have provided with this *Eligibility Verification Form* is accurate and current. I further certify that the dependents I am covering meet the eligibility guidelines as defined by the Plan.

Participant Signature

Date

Participant Work Phone Number

Participant Home Phone Number