CASCADE DESIGNS®

Dependent Eligibility Verification Form January 1 – December 31, 2024

EMPLOYEE NAME:					
DEPENDENT ELIGIB	ILITY REQUIREMEN	NTS			
		th plans meet the eligibility requigible dependents are defined in			
Your lawful spouse					
2. Your children who ar	e:				
 less than 26 yea 	rs old.				
reason of menta	or physical disability which	arily supported by you and incap h arose while the child was cove r plan with no break in coverage	ered as a dependent un	der the CDI plan, or	
	or whom you are the legal o	or a child legally adopted by you guardian.	u. It also includes a step	child, a foster	
Dependent Name	Relationship (spouse / child)	Gender DOB	-	Does this dependent meet the definition of an eligible dependent?	
		(male / female)	Yes	No No	
correct, and current as of th appropriate disciplinary action. By checking this box and I understand that by checking that I will be bound with the shand.	n, I certify and warrant to Ce date signed. I understand on. d typing my name below, if g this box and typing my name	cascade Designs that all depend d that any attempt to cover an in t is my intent to electronically sig ame below, I will be applying my I had signed this form on paper	eligible dependent will s in and electronically sub electronic signature to	subject me to mit this form.	
Employee Signature			Date		