



MARYLAND
DEPARTMENT OF
BUDGET & MANAGEMENT

Calendar Year 2014 (January 1, 2014 to December 31, 2014) Dependent Verification Audit Worksheet

Employee Name: _____

Employee SSN: _____

Dependent Name: _____

Missing Documentation:

___ Affidavit for Dependent Eligibility and Tax Status

___ Official State Marriage Certificate

___ Translation of marriage certificate signed by translator (other than employee) and notarized

___ Official State Birth Certificate

___ Translation of birth certificate signed by translator (other than employee) and notarized

___ Official State Birth Certificate(s) showing relationship from employee/spouse to added child

___ Copy of pending/final adoption (must indicate child's date of birth)

___ Legal Ward/Testamentary court document signed by a judge

___ Proof of permanent residency for grandchild(ren), legal ward(s), step-grandchild(ren) and other child relative(s) (i.e. valid drivers license, State issued identification card, school or day care records certifying dependents address, tax documents certifying address with dependents name listed on tax document.)

___ Proof of name change

___ Most recent tax return for employee/retiree

___ Disability Certification Form

By signature below please remove the above named dependent from my benefits for Calendar Year 2014 (January 1, 2014 to December 31, 2014).

EMPLOYEE SIGNATURE _____ **DATE** _____