



## Legal Guardianship Dependent Eligibility Form

**Form must be completed for each qualifying child**

Use this form to determine whether your dependent over whom you have legal guardianship is eligible to be covered in the Tyson Group Health Plan. In order for the dependent's coverage to be provided tax-free, your relationship to the child must meet certain requirements. This form and required documentation must be submitted to the Documentation Processing Center no later than the 15<sup>th</sup> day of the month prior to your benefit effective date, during each annual open enrollment and within two (2) months of a qualifying Change in Status event.

<b>Team Member Name:</b>	<b>Personnel No.:</b>	<b>Location:</b>	<b>Effective Date:</b>
<b>Child's Name:</b>		<b>Child's Social Security No.:</b>	

### A. A QUALIFYING RELATIVE UP TO AGE 26

	Yes	No
• The relative is a descendant of your child or stepchild	<input type="checkbox"/>	<input type="checkbox"/>
• The relative is your sibling or stepsibling	<input type="checkbox"/>	<input type="checkbox"/>
• The relative is a son or daughter of a sibling	<input type="checkbox"/>	<input type="checkbox"/>
• The relative is your aunt or uncle	<input type="checkbox"/>	<input type="checkbox"/>
• The relative is your son-in-law, daughter-in-law, brother-in-law, or sister-in-law	<input type="checkbox"/>	<input type="checkbox"/>
• The relative is any other individual (except for your spouse) that has the same residence as you for the taxable year and is a member of your household	<input type="checkbox"/>	<input type="checkbox"/>
• You provide over one-half of the relative's financial support for the calendar year	<input type="checkbox"/>	<input type="checkbox"/>

### B. OTHER QUALIFYING CHILD UNDER AGE 19

	Yes	No
• The child is under age 19	<input type="checkbox"/>	<input type="checkbox"/>
• The child is younger than you	<input type="checkbox"/>	<input type="checkbox"/>
• The child is a descendant of your child or stepchild (e.g. grandchild) OR is a sibling, stepsibling, or a descendant of your sibling or stepsibling	<input type="checkbox"/>	<input type="checkbox"/>
• The child lives with you for more than one-half of the calendar year	<input type="checkbox"/>	<input type="checkbox"/>
• The child provides over one-half of his or her own financial support for the calendar year	<input type="checkbox"/>	<input type="checkbox"/>
• If the child is married:		
○ The child files a joint tax return with his/her spouse for the calendar year	<input type="checkbox"/>	<input type="checkbox"/>
○ The child files a separate tax return than his/her spouse for the calendar year	<input type="checkbox"/>	<input type="checkbox"/>

### C. OTHER QUALIFYING CHILD BETWEEN AGE 19 AND 24

	Yes	No
• The child is a full-time student in an educational institution for five (5) months of the calendar year	<input type="checkbox"/>	<input type="checkbox"/>
• <b>You must also complete Section B. above</b>		

If a person covered under the Plan (or someone seeking coverage on behalf of a person) performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of material fact, the Plan reserves the right to rescind (i.e., retroactively cancel) coverage for the covered person. This includes, but is not limited to, intentionally submitting an application or filing a claim containing a false, incomplete, or misleading statement or otherwise intentionally providing false, incomplete or misleading information to the Plan. The Plan also reserves the right to pursue all legal and equitable remedies against such a person. Any such person who is a Tyson team member is subject to discipline up to and including termination of employment. Tyson Foods reserves the right that any such person make the Plan whole.

\_\_\_\_\_  
Team Member Signature

\_\_\_\_\_  
Date