



## Dependent Eligibility Verification Program

### Affidavit

Seton Hall University practices financial controls and fraud prevention. As such, it is the fiduciary responsibility of the Department of Human Resources to ensure that our programs operate according to the terms contained in our policies and plan documents.

I hereby certify that I have reviewed the Dependent *Eligibility for Tuition Benefits Chart* and I further certify that my dependents are eligible for such benefit programs and that:

- My marriage or civil union partnership has not ended in divorce or dissolution
- Any dependent children covered are unmarried

Clergy and Religious only:

- The brother, sister, niece or nephew listed as a dependent for Tuition Benefit is a true relative

I hereby certify that the dependent information and supporting documentation I have provided for this purpose is true and correct. I further understand that falsification of this information may result in disciplinary action up to and including termination of my employment.

Print Name: \_\_\_\_\_

CWID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Official Use Only:

Original document(s) viewed and copied by: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_