

  
**MARYLAND**  
**DEPARTMENT OF**  
**BUDGET & MANAGEMENT**

**Calendar Year 2019 (January 1, 2019 to December 31, 2019) Dependent Verification Audit Worksheet**

**Employee Name:** \_\_\_\_\_

**Employee SSN:** \_\_\_\_\_

**Dependent(s) Name:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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.)

**ONLY SIGN IF REMOVING DEPENDENT(S)**

By signature below please remove the above named dependent(s) from my benefits for Calendar Year 2019 (January 1, 2019 to December 31, 2019).

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_