



DEPENDENT VERIFICATION FAX COVER SHEET

Associate Name: _____ Facility Name: _____

PLEASE INCLUDE THIS PAGE WITH ALL FAXED OR MAILED DEPENDENT VERIFICATION DOCUMENTATION

Dependent verification documents must be received within 45 days of your date of hire/employment status change/qualifying life event.

FAX TO: 404-806-9947

MAIL TO: HMA Dependent Verification
 c/o Hodges-Mace Benefits Group, Inc.
 5775-D Glenridge Drive, Ste. 350
 Atlanta, GA 30328

Requested Dependents:

NAME	DATE OF BIRTH	RELATIONSHIP	DOCUMENTS ATTCHED
Sample: Suzy Smith	11/1/1972	Spouse	✓

Required Verification Documents:

Dependent Type	Acceptable Forms of Documentation
Legal Spouse	Marriage Certificate OR Common Law Affidavit
Children under 19 years of age	Birth Certificate
Step Children under 19 years of age	Birth Certificate and Associate's Marriage Certificate
Disabled Children under 19 years of age	Birth Certificate PLUS Disabled Certification documentation
Adopted or court-ordered children under 19 years of age	Legal adoption, guardianship, or custody papers/orders
Children age 19-24	The above requested documentation PLUS copy of bill OR registrar letter with courses enrolled. Students may also obtain registration verification from www.studentclearinghouse.org for a \$2 charge.