



Dependent Verification Cover Sheet

Please use this Cover Sheet to accompany requested documents whenever you are faxing or mailing documentation to the AIG Benefits Service Center.

The information you provide on this form, in addition to your documentation, helps us to verify the addition/removal of your dependent(s) more quickly. If you are unsure of the documentation you need to provide, please review the *Acceptable Supporting Documentation*.

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____
PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Check the box below for the reason you are sending documentation:

- Annual Enrollment
- Birth, Adoption, Legal Guardianship
- New Enrollment
- Loss of Other Coverage
- Marriage or Divorce
- Death
- Other _____

Name(s) of Dependent(s) for Which You are Sending Documentation	Relationship to You
_____	_____
_____	_____
_____	_____

I hereby certify that my dependents listed above meet the eligibility requirements for coverage under the AIG Benefits Plan. I have enclosed acceptable supporting documents for my eligible dependents.

Employee Signature Date

Web Upload www.ibenefitcenter.com/aig Health Tab/Action Items Box	Fax 1-888-286-8751	Mail Mercer ATTN: AIG Dependent Verification P.O. Box 622 Des Moines, IA 50306-0622
Please allow 48 hours for uploads to be processed.	Please allow 48 hours for faxes to be processed.	Please do not send original documents; they will not be returned to you.
	FAXING NOTE: Keep a copy of your fax confirmation page showing the date and time of your fax.	Allow 7-10 business days for mailed documents to be received and processed.

Note: You will receive confirmation once your form has been processed.

If you have any questions, please contact the AIG Benefits Service Center at 1-800-265-5054.