**Appendix C: Verification of Eligible Dependents Form**

Please complete and sign this **Verification of Eligible Dependents Form** in order to verify the eligibility of the employee’s Dependents to receive Home Leave, Dependent Education Allowance and Insurance as described in the TAMUQ Incentives and Allowances. Completed form must be sent to TAMUQ Human Resources and Payroll.

Employee Name (PLEASE PRINT):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Relationship (Spouse/Dependent):** | **Spouse** | **Dependent1** | **Dependent2** | **Dependent3** | **Dependent4** |
| **Name (as on Passport or Birth Certificate)** |  |  |  |  |  |
| **Dependent Relationship to Employee (spouse/ child/ stepchild/ grandchild)** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Date of Birth (Day- Month-Year)** | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| **Sex (M/F)** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Lives in Qatar with you? (Yes/ No)** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Has or will apply for Qatar residency permit? (Yes/ No)** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Marital status (Single****/Married)** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Is your****Dependent currently a****registered full-time student?(Yes/ No)** | N/A | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **School Attending and Grade Level** | N/A |  |  |  |  |

BY SIGNING BELOW, I declare that I have provided accurate information to TAMUQ concerning the eligibility of my Dependents for the allowances and benefits as outlined in the TAMUQ Incentives, Allowances and Benefits document. I will notify TAMUQ Human Resources within 30 days should any changes take place pertaining to my eligible Dependents.

I understand that providing false information or failing to provide updated information within 30 days of any changes may be grounds for disciplinary action, up to and including termination.

Signature Date: CC: Business Operations with original to Human Resources P a g e | **1**