

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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I attest that the above-named dependent student meets the definition of a "financially dependent child" as a natural, adopted or step child of a FICA member who is not financially independent, is claimed as an exemption for federal income tax purposes under the U.S. Internal Revenue Code (26 U.S.C. § 152(d)(1)(B)).

' H S H Q G H Q W F K L O G I V G D W H R I E I J W K P P G G \ \ \ \

If over the age of 24, has served on active duty in the United States Armed Forces

I attest that the above-named student is my spouse or domestic partner. (Tc 0 Tc 0 Tw uw (Tc 0 Tc 0 e2dl C