



First Administrators, Inc.

**Foster Child and Stepchild
Questionnaire**

Instructions:

- This questionnaire must be completed for us to determine if a Member's foster child or stepchild is an eligible Dependent.
- Complete a separate form for each foster child or stepchild.
- Date and sign the form.
- Return the completed form to Drake University Human Resources.
- After receipt of this completed form, we will review the information and notify the plan-holder regarding coverage.

**Account
Number**

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A. Member Information

Your Name (last, first, middle initial)		Address			Social Security/I.D. Number	
Name of Child	Social Security Number	Relationship	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	If age 19 or over, is child a Full-Time Student? <input type="checkbox"/> Y <input type="checkbox"/> N	

1. Do you have full care and custody of this child? Yes No If "no", please explain: _____

2. Does this child reside in your home permanently? Yes No If "no", please explain: _____

- 3a. Under what circumstances did you undertake the care and custody of this child? _____

- 3b. When did this care and custody begin? (show date) _____
- 3c. Have care and custody been continuous since this date? Yes No If "no", please explain: _____

4. Do you regularly provide more than one-half of the financial support of this child? Yes No If "no", please explain: _____

5. Is this child claimed as a Dependent by you for federal income tax purposes? Yes No If "no", please explain: _____

6. Is there any other pertinent information not covered above? Yes No If "no", please explain: _____

I hereby acknowledge that the above statements are true to the best of my knowledge.

Your signature _____ Date Signed _____

B. Employer To Complete

Drake University		
Authorized plan-holder signature	Title	Date Signed

C. First Administrators, Inc. To Complete

Child meets eligibility of plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Signature	<input type="checkbox"/> Letter mailed <input type="checkbox"/> Message sent to Claims
Claims office number	Claim office name	Claim office telephone number	Age limits _____ to _____