

## DECLARATION OF INTENT

**Group Name: Washtenaw Community College**

**Date:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**To be filled out by subscriber:**

**The following members are eligible as covered dependents during the calendar year of 2010.**

<b>Name</b>	<b>Social Security #</b>	<b>Date of Birth</b>	<b>Attending College?</b>
			<b>Yes / No</b>
			<b>Yes / No</b>
			<b>Yes / No</b>
			<b>Yes / No</b>
			<b>Yes / No</b>
			<b>Yes / No</b>

**The above dependent(s) is (are) between the ages of 19-25 years old, unmarried, and is (are) financially dependent on the subscriber as defined by the Internal Revenue Service and will be claimed as such on his/her 2010 Federal Income Tax Return. The above dependents legally reside with the subscriber.**

\_\_\_\_\_  
**Subscriber Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Group Representative Signature**

\_\_\_\_\_  
**Date**

**Plan / Group #** \_\_\_\_\_