

# Request for Exception To Dependent Child Definition



Ameritas Life Insurance Corp. of New York

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Name of Employer (Policyholder): \_\_\_\_\_

Policy Number: 026- \_\_\_\_\_

Employee's Last Name, First, MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Coverage is being requested for my dependent(s) listed below:

Name	Birthdate	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. (a) What portion of the child's support is contributed by the employee?  
\_\_\_\_\_

(b) Are you entitled to take Federal Income Tax deductions for the child/children?  
\_\_\_\_\_

2. Who is legally responsible for the payment of the child's medical expenses?  
\_\_\_\_\_

3. How long has the current support arrangement existed?  
\_\_\_\_\_

4. Where does the child actually reside?  
\_\_\_\_\_

5. (a) What are the circumstances regarding the natural parents of the child — are they deceased, divorced, where are they currently residing?  
\_\_\_\_\_

(b) Is the current support arrangement governed by legal documents, such as a divorce decree or guardianship papers?  
\_\_\_\_\_

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**Please mail to:** Ameritas Life Insurance Corp. of New York  
1350 Broadway, Suite 1710  
New York, NY 10018