

Hiland Dairy Foods Company, LLC

Dependent Eligibility Terms and Conditions

By my signature on this document, I affirm that I have reviewed the eligibility rules relating to coverage of dependents under the Company's benefit programs, and all dependents that I have enrolled are eligible for coverage under the relevant program(s). I agree to provide documentation or other evidence requested by Human Resources, to demonstrate the eligibility of the individuals I have enrolled as dependents. I understand that if the Company concludes I willfully submitted false information regarding eligibility of one or more individuals I have enrolled as dependents, the ineligible individual's coverage may be terminated retroactively, claim payments with respect to such individual may be reversed, pending claims may be rejected and returned to me for payment, and I may be subject to disciplinary action up to and including termination of employment and referral to applicable authorities for prosecution for insurance fraud.

Employee Name (printed)

Employee Signature

Date

If you are enrolling any dependents in the Company benefits plan, please review the eligibility requirements for dependents listed below:

Eligible Spouse:

An individual to whom you are legally married. (Civil Unions are covered in the following states: Kansas, Oklahoma and Texas.)

Eligible Child(ren):

Any child(ren) who is/are:

1. Under the limiting age of 26 for medical coverage; or
2. Under the limiting age of 19 for dental coverage; or
3. Regardless of age, medically certified as disabled, and dependent on you for support and maintenance

Child means:

- A. Your natural child; or
- B. Your legally adopted child, including a child under the age of 18 who has been placed with you for the purpose of adoption and with respect to whom you have a legal obligation to support; or
- C. Your stepchild (as long as you are currently legally married to his/her parent); or
- D. A child placed with you and with respect to whom you are the legal guardian (requires legal documentation); or
- E. A child with respect to whom you have received a court order requiring you to provide health insurance for the child.