



## **ANNUAL STEP-CHILD AFFIDAVIT**

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

I, \_\_\_\_\_, Affiant, being first duly sworn on oath, depose and state that Affiant is making a claim for benefits on behalf of a dependent step-child.

1. That "dependent's" full name is: \_\_\_\_\_

2. That "dependent" was born on the following date: \_\_\_\_\_ SS# is: \_\_\_\_\_

3. That "dependent's" biological parents are: \_\_\_\_\_ & \_\_\_\_\_

4. Please provide **Both** of the following documentation, if such documentation exists:

If the following two items, have previously been furnished, no need to re-file.

\_\_\_\_\_The step-child's birth certificate, naming your spouse as the parent (father/mother).

\_\_\_\_\_A copy of the divorce decree between the natural father and mother showing dependent's insurance responsibility.

**\*\*If there is no other court documents, medical support notice or child direction attachments then please initial \_\_\_\_\_**

5. Does dependent step-child reside with you on a full time basis at your place of residence? \_\_\_\_\_

a. If you answered 'yes', how long has the child lived with you on a full time basis at your place of residence? \_\_\_\_\_

b. If you answered 'no' to Question 5 above, please describe your relationship with the step-child, specifically noting the length and frequency of your visits with the step-child, and the step-child's regular place of residence.

\_\_\_\_\_

\_\_\_\_\_

6. Is the step-child primarily dependent upon you for support and maintenance? \_\_\_\_\_

**Note, that should the Fund receive information, which indicates the child may not be primarily dependent upon you for support and maintenance, the Fund reserves the right to demand copies of your federal tax returns to verify dependent status.**

b. If you answered 'no' to Question 6 above, please provide the name and address of the person(s) who is (are) primarily responsible for the step-child's support and maintenance

\_\_\_\_\_

\_\_\_\_\_

7. Does the natural mother and/or father **who does not has custody**, have group health insurance coverage on this step-child?

If so, please advise the name of the policyholder, policy number, name, phone number and address where you would file a claim with the group insurance carrier

\_\_\_\_\_

\_\_\_\_\_

8. I have answered each question completely and have enclosed the requested proof with this Affidavit. (Attach additional pages if necessary)

If there are any changes in any Court or Legal Documents, please send a copy along with this form.

I certify that the information supplied by me on this form is accurate and complete. I understand that any willful misrepresentation or omission will constitute grounds for termination of the insurance coverage.

\*I understand that because circumstances change from time to time regarding dependents. In the event no circumstances have changed since last furnishing a form to the Fund Office, *I may complete only the dependent's name, date of birth and relationship.* Check the below listed statement that nothing has changed since I last completed the form and provide my signature, social security number or unique ID number, and the date.

Signature of Eligible Employee: \_\_\_\_\_ ID/SS# \_\_\_\_\_ Date: \_\_\_\_\_

ALL CIRCUMSTANCES REMAIN THE SAME PERTAINING TO THE ABOVE NAMED DEPENDENT AND INSURED.

YES \_\_\_\_\_ NO \_\_\_\_\_

(REQUIRED TO HAVE NOTARIZED)

Subscribed and sworn to before me this:

\_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

Signature required \_\_\_\_\_

Seal