

Participant's I.D. #: _____

Dependent Affidavit Form
Natural Parent's Insurance Information

I, _____, am the natural parent of:
(Print First, Middle, Last Name)

Dependent's Name: _____
(Print Child's First, Middle, Last Name)

Child's Date of Birth: ____ / ____ / ____
Month Day Year

Please check one:

I am employed, but my employer does not offer insurance. Please provide:

Name of Employer

Name of Contact Person

Street Address

City, State & Zip Code

Area Code and Phone Number

I am presently unemployed and do not have insurance.

I certify that the above information is true and correct. I understand that I am required to provide coverage for my dependent child(ren). When my insurance coverage is effective, I will immediately notify the Chicago Regional Council of Carpenters Welfare Fund at 312-787-9455 and provide a copy of my insurance card. If any of the above information is untrue, I agree to reimburse the Chicago Regional Council of Carpenters Welfare Fund for any money it was induced to pay as a result of the information I provided.

Signature: _____ Date: ____ / ____ / ____



TO BE COMPLETED BY NOTARY PUBLIC:

State of _____ County of _____

Sworn to and subscribed before me on this ____ day of _____, 20__.

(S E A L)

Notary Signature: _____

1/9/2009 Deleted: 3/7/2008