Single Parent Dependent Affidavit Form

In order to determine whether your child qualifies for welfare benefits under this Plan, this form must be completed, notarized, and returned to the Fund Office.

PLEASE PRINT

Participant's Name: ______________________________________ Participant's SSN# or UID#: ____________________
(First, Middle, Last Name) (UID# can be found on your BCBS I.D. Card)

Dependent's Name: ______________________________________ Child's Date of Birth: ______ / _______ / _______
(First, Middle, Last Name) Month Day Year

1. The Participant is the child's ☐ Natural Mother ☐ Natural Father

2. Does your child reside with you? ☐ Yes ☐ No If not, with whom does the child reside? ______________________
(Mother, Father, Guardian, etc.)

____
(First, Middle, Last Name) (Address, City, State & Zip) (Area Code & Phone Number)

3. Child's OTHER natural parent's name and date of birth: __________________________________ ____ / ___ / ____
(First, Middle, Last Name) Month Day Year

4. Does the OTHER natural parent have insurance for this child? ☐ Yes ☐ No **If Yes, provide a copy of the front and back of the insurance card.**

____
(Name of Insured (other natural parent)) (Name of Insurance Company)

____
(Address, City, State & Zip of Insurance Company) (Area Code & Phone Number)

I, the Fund Participant, certify that I have never been married to this child's other natural parent and the above named dependent is unmarried. I hereby certify that the information I have provided is accurate. 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. I understand I have the responsibility to inform the Fund Office of any changes in the above information.

Participant's 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: ____

01/18/08