

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.

Your signature must be witnessed by a notary public. The notary is responsible for confirming your identity as well. The date you sign this document must be the same date on which the notary witnessed your signature. If the date does not match or the date is missing, you will be required to complete another form.

Signature: _____ Date: ____ / ____ / ____

TO BE COMPLETED BY NOTARY PUBLIC:

State of _____ County of _____

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

(SEAL)

Notary Signature: _____