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 your child's OTHER natural parent have insurance? ☐ 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.

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.

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