Dependent Affidavit

l,				, the unde	ersigned affiant, residing at
(stro	eet address)	(city)		(state)	(zip code)
Behind dul	y sworn on oath, do depos	se and say that:			
1	me of dependent)	, I	born on		
(nai	me of dependent)		(mont	h) (day)	(year)
for whom a	application is made for cov	erage under the Grou	p Insurance Plan fo	r the employees o	of:
(nai	me of union)				
□ is □ is	not related to the affiant,	and such relationship) is:		
2. The Nat	ural Parents of said child a	are:			
a.	□ Divorced (send cop	y of complete Divorce	Decree)		
	□ Separated				
	□ Never Married (sen	d copy of Qualified M	edical Child Suppor	t Order)	
b.	Father's name:				□ Living □ Deceased
	Father's Date of Birth:				g
	Father's present addre	ess:			
	(street address)		(city)	(state)	(zip code)
	Father's present emplo				
	Name of father's insura ☐ Single coverage				
	□ Single coverage	□ Faililly Coverage	□ Medical Offly	iviedical and b	rental
C.	Mother's name:				□ Living □ Deceased
	Mother's Date of Birth:				
	Mother's present addre	ess:			
	(street address)		(city)	(state)	(zip code)
	Mother's present empl				
	Name of mother's insu	—		□ Madical and D	iontal
	□ Single coverage	□ Family coverage	□ Medical Only	in Medical and D	entai
	ld receives support from: _				
In	the amount of \$	pe	er □ Week □ Mo	nth □ Year	
	will claim the child as a fed e years of:		-		as so claimed said child for
5 Child's	address.				
o. Orma o	address:(street address)		(city)	(state)	(zip code)
Subscribed	d and sworn to before me	this:			
	day of,				
Notary Put	olic:				
-				(signature of at	ffiant)