

# Dependent Affidavit

I, \_\_\_\_\_, the undersigned affiant, residing at  
\_\_\_\_\_  
(street address) (city) (state) (zip code)

Behind duly sworn on oath, do depose and say that:

1. \_\_\_\_\_, born on \_\_\_\_\_  
(name of dependent) (month) (day) (year)

for whom application is made for coverage under the Group Insurance Plan for the employees of:

\_\_\_\_\_  
(name of union)

is  is not related to the affiant, and such relationship is: \_\_\_\_\_

2. The Natural Parents of said child are:

- a.  Divorced (send copy of complete Divorce Decree)  
 Separated  
 Never Married (send copy of Qualified Medical Child Support Order)

b. Father's name: \_\_\_\_\_  Living  Deceased  
Father's Date of Birth: \_\_\_\_\_  
Father's present address:

\_\_\_\_\_  
(street address) (city) (state) (zip code)

Father's present employer (if known): \_\_\_\_\_  
Name of father's insurance company: \_\_\_\_\_

Single coverage  Family coverage  Medical Only  Medical and Dental

c. Mother's name: \_\_\_\_\_  Living  Deceased  
Mother's Date of Birth: \_\_\_\_\_  
Mother's present address:

\_\_\_\_\_  
(street address) (city) (state) (zip code)

Mother's present employer (if known): \_\_\_\_\_  
Name of mother's insurance company: \_\_\_\_\_

Single coverage  Family coverage  Medical Only  Medical and Dental

3. Said child receives support from: \_\_\_\_\_  
In the amount of \$ \_\_\_\_\_ per  Week  Month  Year

4. Affiant will claim the child as a federal income tax deduction for the year \_\_\_\_\_, and has so claimed said child for the years of: \_\_\_\_\_.

5. Child's address: \_\_\_\_\_  
(street address) (city) (state) (zip code)

Subscribed and sworn to before me this:  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_

\_\_\_\_\_  
(signature of affiant)