

DEPENDENT CHILD CERTIFICATION FORM

This form must be completed for each dependent child who is NOT your (1) natural child, (2) legally adopted child, (3) step child (that is, your spouse's child), (4) foster child, or (5) children under a legal guardianship. List each child on a separate form. ***This form must be notarized and returned to the Benefit Plans Office.***

Employee's name _____ Local/Reg No. _____

1. Child's Name _____ Child's Birthdate _____ / _____ / _____

Child's relationship to you _____

2. Does this child live with you? YES NO

If **NO**, where and with whom does the child live? _____

3. Does this child rely on you for the majority (more than half) of his/her support - food, clothing, housing, and medical care? YES NO

4. Is the child's natural parent supporting this child? YES, NO

If **YES**, explain: _____

5. Do you have a parent/child relationship with this child? YES NO

6. Do you have authority to act as the parent of this child? YES, NO

If **NO**, explain: _____

7. **(FOR CHILD AGE 19-26 ONLY)** Does child have employment-based group health coverage available?..... YES NO

CERTIFICATION: I certify that all information on this form is true and correct, and agree to provide any additional information the Trustees may request. ***I understand that if I misstate or misrepresent any information on this form, my dependents and I may each lose eligibility for benefits under the ILWU-PMA Welfare Plan.***

Date _____

Employee Signature _____

NOTARIZATION REQUIRED

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____,

Date

Here Insert Name and Title of the Officer

personally appeared _____

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State in which this was signed that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[seal]

Signature of Notary Public _____ My commission expires _____