

**AFFIDAVIT OF DEPENDENT CHILD ELIGIBILITY
FOR DEPENDENTS AGE 19 TO AGE 26**

The Puget Sound Electrical Workers Health & Welfare Trust Fund allows coverage for a dependent child of a Participant or Participant's spouse. The term child includes any of the following:

- A natural child
- A stepchild
- A foster child
- A legally adopted child
- A child placed for adoption
- An unmarried child who depends on the Participant by virtue of a court order
- An unmarried child for whom the Participant has legal custody

Employee/Participant Information:

Name:	Social Security Number:
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Dependent Information:

Name:	Social Security Number:
Date of Birth:	Relationship to Employee:

Name:	Social Security Number:
Date of Birth:	Relationship to Employee:

Employee certifies the above named dependent(s) meets the following conditions and limitations of eligibility:

- Dependent is under the age 26 and does not have access to other insurance through his/her employer or his/her spouse's employer

Employee certifies that the information provided in all parts of this Affidavit is true, accurate and complete. Employee understands their full responsibility for notifying the Administration Office immediately if there are any changes pertaining to this child's status as a dependent. Upon request, Employee will furnish to the Administration Office supporting documentation, such as, but not limited to, court records, birth certificate, proof of school registration, tax returns, or any other relevant documents.

Employee Signature:

Date:

**YOU MUST COMPLETE THIS FORM FOR ALL DEPENDENTS
AGE 19 TO AGE 26**

Return form to: WPAS, Inc., PO Box 34203, Seattle, WA 98124-1203

Retain a copy of this form for your records.