



UNITED FEDERATION OF TEACHERS WELFARE FUND

4/05

DEPENDENT CHILD AFFIDAVIT

In the matter of _____, dependent of _____ (Name of dependent child)

_____ who is a member of the United Federation of Teachers Welfare Fund (Member's complete name)

and who resides at _____ (Member's complete address)

STATE OF NEW YORK)
) ss #:
COUNTY OF)

_____, SS # _____, being duly sworn, (Name of covered member) (Member's SS #)

deposes and says, under penalty of perjury:

- 1. That I am the _____ of _____ (Relationship) (Name of dependent child)
2. That said child resides with me in my home at _____ (Member's complete address)
3. That said child is dependent upon me for financial support as is evidenced by my annexed tax returns for the most recent calendar year. These returns must be sent to the Fund annually by May 1st of each year the dependent remains part of your eligibility.
4. That this dependent is covered under my New York City Health Insurance Plan as evidenced by the attached City of New York Health Benefits Application or if in a Waiver Buy-Out evidence of Health Plan coverage for this dependent.
5. That _____ is unmarried and _____ years of age. (Name of dependent child)
6. That I understand that I may be required to continue to provide proof of Legal guardianship/adoption when requested by the Fund.

DATED: _____, 200_____. _____ (Signature of covered member)

Sworn to before me this _____ day of _____, 200_____. _____ (Notary Public)

