



**UNITED FEDERATION OF TEACHERS WELFARE FUND
DISABLED DEPENDENT CHILD AFFIDAVIT**

In the matter of _____, dependent of
(Name of Dependent Child) (Dependent Date of Birth)

_____ who is a member of the United
(Member's Complete Name) (Social Security Number)

Federation of Teachers Welfare Fund and who resides at _____
(Member's Complete Address)

STATE OF NEW YORK)
) S.S. #: _____
COUNTY OF _____)

_____ being duly sworn, deposes and says, under penalty of perjury:
(Name of Covered Member)

1. That I am the _____ of _____
(Relationship) (Name of Dependent Child)
2. That _____ is unmarried and _____ years of age.
(Name of dependent child)
3. That said individual resides with me in my home at _____
(Member's Complete Address)
4. That _____ became disabled prior to age 26 and continues as
(Name of Dependent Child)
such until this time, as evidenced by the attached medical report.
5. Please supply a copy of the letter from your Basic Health Carrier (i.e., GHI, HIP, Aetna, etc.)
confirming your dependent's disability status and continued coverage, to the Welfare Fund.
6. That due to his/her mental/physical handicap he/she cannot support himself/herself.
7. That I make this affidavit to induce the United Federation of Teachers Welfare Fund ("Fund") to provide
its benefits to this dependent. I understand that the Fund is relying on my presentations herein and I
agree to indemnify and hold the Fund harmless in the event any of the information contained herein is not
true.
8. That I understand that I may be required to continue to provide proof of disability when requested by
the Fund.

DATED: _____, 20__

Sworn to before me this

_____ day of _____, 20__

(Signature of Covered Member)

(Notary Public)