

AFFIDAVIT of DEPENDENT CHILD ELIGIBILITY
FOR DEPENDENTS AGE 19 TO AGE 26

The Oregon Laborers-Employers Health and Welfare Plan allows for the enrollment of a dependent child of a Participant or Participant's spouse. The term child includes any of the following:

- A natural child
- A stepchild
- An adopted child
- A child placed with you legally for adoption
- A foster child
- A child for whom legal guardianship has been awarded to the Participant or the Participant's spouse
- A child of your unmarried dependent child if they depend on you for support
- Child of your domestic partner

Participant Information:

Name:	Social Security Number:
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Dependent Information:

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

Participant certifies the above named dependent meets the following conditions and limitations of eligibility:

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

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

Participant's Signature:

Date:

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