

NORTH CENTRAL ILLINOIS LABORERS' HEALTH & WELFARE FUND

DEPENDENT ELIGIBILITY AFFIDAVIT

The undersigned, \_\_\_\_\_, being first duly sworn on oath, deposes and states:

1. That the undersigned desires to add \_\_\_\_\_ as a dependent step-child eligible for coverage under the North Central Illinois Laborers' Health and Welfare Fund.

2. That the dependent step-child is either the natural or adopted child of the participant or the natural or adopted child of the participant's current spouse. Please attach a copy of the dependent step-child's birth certificate/adoption order and a copy of the participant's marriage license.

3. That the undersigned certifies he/she:

( ) Has been ordered by a court of law to provide health and welfare benefits for said dependent or that the undersigned's current spouse has been ordered by a court of law to provide health and welfare benefits for said dependent. (The undersigned has attached hereto a copy of the court order so ordering); or

( ) Is otherwise legally responsible to provide health and welfare insurance coverage for the dependent step-child listed above because: (Choose one)

[ ] The dependent step-child's natural parent, who was ordered by a court of law to provide health and welfare insurance, is deceased (The undersigned has attached hereto a death certificate of the deceased natural parent);

[ ] The dependent step-child's other natural parent has an obligation pursuant to a court order to provide health and welfare insurance and the participant or participant's spouse has exhausted all judicial remedies to enforce that obligation or the other natural parent's obligation to provide insurance has terminated. (The undersigned has attached hereto supporting documentation that all judicial remedies have been exhausted or that the other natural parent's court ordered obligation has terminated);

[ ] That the dependent step-child's other natural parent is not known. (The undersigned has attached hereto the birth certificate of the step-child.)

4. That the undersigned specifically understands and agrees that any payments for medical benefits made by the North Central Illinois Laborers' Health and Welfare Fund was made in reliance upon assertions in this affidavit, and hereby agrees to make the fund whole and reimburse the North Central Illinois Laborers' Health and Welfare Fund for all expenses and benefits paid on behalf of the dependent if the dependent listed above is not the legal responsibility of the participant or if the participant recovers any amounts from the natural parent, who was so ordered by a court of law to provide health and welfare insurance or is otherwise obligated to provide health and welfare insurance. The undersigned further agrees that he/she shall be responsible for all costs of collection incurred by the Fund in recovering sums paid, including but not limited to attorney's fees, filing fees, and sheriff's fees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Undersigned/Participant's Signature

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
NOTARY PUBLIC

(If the dependent referenced above is the natural or adopted child of the Participant's current spouse, the Participant's current spouse must also sign below)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Spouse's Signature

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
NOTARY PUBLIC