

**SUPERIOR OFFICERS COUNCIL HEALTH & WELFARE FUND
AFFIDAVIT OF DEPENDENT STEPCHILD(REN)**

In the matter of _____, stepchild (ren) of
Name of stepchild (ren)
_____, who is a member of the Superior Officers Council Health
Name of covered member
and Welfare Fund and who resides at _____

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

_____, being duly sworn, deposes and says the following,
Name of covered member
under penalty of perjury:

1. That I am the stepparent of _____.
Name of stepchild (ren)
2. That said stepchild (ren) reside at _____
_____ on a full-time basis.

Stepchild (ren)'s address

3. That said stepchild (ren) is/are dependent upon me for financial support as is evidenced by my annexed income tax returns for the last year in which I have filed returns. In the event last year's income tax return is not available, I attest the stepchild (ren) listed herein are financially dependent upon me and my spouse for support; I will provide this year's income tax return immediately after filing, which shall verify same and proof of the stepchild (ren)'s residency has been provided as indicated by a letter from the school currently attended by said child (ren) and copies of birth certificates for said child (ren).

4. If neither I nor my spouse are able to claim my stepchild (ren) on my or our tax returns, then I attest herein the stepchild (ren) listed herein is/are financially dependent upon me and my spouse for support and proof of the stepchild (ren)'s residency has been provided as indicated by a letter from the school currently attended by said child (ren).

5. That I make this affidavit to induce the Superior Officers Council Health & Welfare Fund (Plan) to provide its benefits to my stepchild (ren) as same is/are my eligible dependent(s).

6. That I understand I must continue to provide proof of financial support when requested by the Plan.

7. That I hereby affirm the forgoing statement is true, under the penalty of perjury and hereby agree to indemnify the Superior Officers Council Health & Welfare Fund, its heirs and assigns against any and all liability arising out of any inaccuracy or alleged inaccuracy of the foregoing statement.

DATED: _____, 20____.

Signature of covered member

Sworn to before me this

____ day of _____, 20____.

Member's Tax ID # _____

Notary Public