



Affidavit for Stepchild Coverage

(Doc. 650)

I, Type Laborer's Name, member's id number Type last 4 digit SSN or HCN, certify that the following stepchild or stepchildren, younger than 19 years of age (or 23 years of age if a student), reside in my household and are solely dependent upon me for support. Should either of the above conditions change before the 19th birthday (or 23rd birthday) of the stepchild or stepchildren, I will immediately notify the Laborers Health and Welfare Trust Fund for Northern California.

CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP

The appropriate box(es) below must be checked:

- Covered under natural father's/mother's insurance.
- Was listed as a dependent on my last Federal Income Tax return. Please provide copy of Form 1040.
- I plan to declare as a dependent on my (indicate year) _____ Federal Income Tax return. Please provide copy of Form 1040 when filed.
- None of the above.

I certify or declare, under penalty of perjury, that the foregoing is true and correct and that this certification was executed by me within the State of _____ on this _____ day of _____, 200__ at

Laborer's Signature _____
 Street Address _____
 City, State, Zip _____