

**IBEW Local 701 Fringe Benefit Office
28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555-1600**

Certification of Dependent Child Eligibility

Participant Name

Dependent Name

Participant Social Security Number

Dependent Social Security Number

I understand that the term “Eligible Dependent”, as defined by the IBEW Local 701 Welfare Plan, refers to natural children, step-children, foster children or other children who live with me in a regular parent-child relationship and whom I claim as a federal tax deduction.

I certify that the above named child is my natural child, but does not live with me. I understand that the IBEW Local 701 General Welfare Plan will not be considered the primary insurance carrier on any child who does not live with me, unless the custodial parent carries no insurance coverage. I further understand that I am responsible for notifying the Fund when there are change related to my dependent’s status, including:

- The child’s primary residence changes,
- The child’s custodial natural parent ceased to carry medical coverage on the child, or obtains medical coverage where previously there was none.

I have attached to this certification a copy of this child’s certificate of live birth.

I have attached to this certification a copy of the insurance identification card for this child’s custodial parent.

Participant Signature

Date

Notary Signature

Place
Seal
Here

Date