

**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 and no one else has legal responsibility on.*

I certify that the above named child is my natural child, and lives with me. I understand that the IBEW Local 701 General Welfare Plan will not be considered primary insurance carrier on any child who does not live with me, unless the custodial parent carries not insurance coverage. I further understand that I am responsible for notifying the Fund when there are changes related to my dependents status, including:

- The child’s primary residence changes,
- Anyone else holds legal responsibility on the child

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