

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

Certification of Non-Natural 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, when referring to non-natural children means 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 lives with me and is claimed as a federal income tax deduction on my tax returns annually. I understand that I am responsible for notifying the Fund when there are changes related to my dependent’s status, including:

- The child ceases to reside with me,
- The child can no longer be claimed as a deduction on my federal tax returns.
- The child’s non-custodial natural parent ceased to carry medical coverage on the child, or obtains court ordered medical coverage where previously there was none.

I have attached to this certification a copy of the divorce decree and martial settlement agreement for this child’s natural parents.

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 non-custodial parent, or I certify that the non-custodial parent does not carry medical, dental or vision insurance coverage for this child.

Participant Signature

Date

Notary Signature

Place
Seal
Here

Date