Cement Masons Trust Funds for Northern California
4160 Dublin Blvd, Suite 100, Dublin, CA 94568 | Telephone: (707) 864-3300 or (888) 245-5005
E-Mail Address: nccminfo@hsba.com

SSN: _____

_____
_____
_____

Affidavit for Foster or Stepchild Coverage

*I, (name) _____, certify that the following foster or step-child or children, younger than 19 years of age, reside in my household and are **solely** dependent upon me for support. Should either of the above conditions change before the 19th birthday of the stepchild or stepchildren, I will immediately notify the Cement M asons Health and Welfare Trust Fund for Northern California.*

CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP

The appropriate box below must be checked:

☐ Covered under natural father's/mother's insurance.
☐ Receiving or entitled to receive child support for child or children.
☐ Receiving Social Security benefits for child or children.
☐ 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 _____, 20 ___ at.

Signature _____