



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 Masons 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 _____, 200__ at _____.

Signature _____