DISTRICT COUNCIL NO. 3 PAINTERS AND ALLIED TRADES TRUST FUND
DEPENDENT AFFIDAVIT

I, _____, the undersigned affiant, residing at

_____
(Number Street City State Zip)

being duly sworn on oath, do depose and say that:

1. _____, social security number ____-___-____,
(Name of Dependent)
born on _____, for whom application is made for coverage under the Group Insurance Plan for the employees of District Council #3 Painters and Allied Trades .

____ is related to the affiant, and such relationship is _____ .
____ is not

2. The Natural Parents of said child are:

A. ____ Divorced **(send copy of complete Divorce decree**)
____ Separated
____ Never Married (**send copy of Qualified Medical Child Support Order)**

B. Father's Name _____Date of Birth_____

____ Living OR ____ Deceased

Father's present address _____
(Number Street City State Zip)
Father's present employer (if known) _____
(Company Name)
Name of father's insurance company _____

__ Single coverage __ Family coverage __ Medical __ Dental__Vision

C. Mother's Name _____Date of Birth_____

____ Living OR ____ Deceased

Mother's present address _____
(Number Street City State Zip)
Mother's present employer: _____

Name of mother's insurance company _____

__ Single coverage __ Family coverage __ Medical __ Dental__Vision

Signed_____ Date_____