

Yonkers Federation of Teachers Welfare Fund

Enrollment or Recertification of "Other" Child Form

INSTRUCTIONS: This form must be completed when a member enrolls or recertifies for coverage a dependent child who is other than the member's natural-born child, stepchild, or the child of the member's domestic partner. For such a child to be eligible, they must: (1) have begun residing permanently in the member's home before reaching age 19 and continue to do so, and (2) have begun receiving more than 50% of their financial support from the member before reaching age 19 and continue to receive such support. If you have a child who meets these criteria, please complete this form and submit it along with all required dependent proofs including the child's birth certificate and proof of support.

Member Information

Last Name _____ First Name _____ MI _____

Social Security # _____ Date of Birth _____

Permanent Address: Street _____ City _____ State _____

Zip _____

Telephone: Primary _____ Work _____

"Other" Child Information

Last Name _____ First Name _____ MI _____

Social Security # _____ Date of Birth _____

Permanent Address: Street _____ City _____ State _____

Zip _____

This Application is for ___ Initial Enrollment ___ Recertification

Member's Statement

Check all the spaces below to confirm that each is true for your "other" child. You must also provide the necessary proof, also listed below:

___ I provide at least 50% of the child's financial support.

(Proof – If you are applying for initial enrollment of a child of any age or recertifying an "other child" who **is under age 19**, please attach one of the following:

- A signed and completed copy of your federal tax return for the current tax year, claiming the "other" child as a dependent; or

- A letter from a licensed Certified Public Accountant or an attorney, confirming you can claim the dependent on your current federal tax return; or
A Court Order of Legal Guardianship of the Child.)

____ My home address on file is the child's permanent legal residence.

(Proof – If you are recertifying your “other child who is **age 19 or older**, please attach one of the following that show the child's residence matches your permanent address on file. The proof submitted must have been issued within 6 months of the application date:

- Bank statement
- Paycheck stub
- Driver's license or automobile registration
- Tax return for current year
- Telephone or utility bill
- Student billing statement from educational institution

____ I anticipate that the child will reside with me for at least 2 years, unless:

- They will lose eligibility or obtain their own health coverage through employment during the next two years; or
- They are living away from home for college or in a dorm while my address remains their permanent address.

If you anticipate that the child will reside with you for less than 2 years, please specify when and the reason below:

Date they will no longer reside with you: _____

Reason: _____

Certification

By completing this form, I certify that the statements and information I have provided herein are true and correct. I hereby agree to indemnify and make whole the Yonkers Federation of Teachers Welfare Fund, its heirs and assigns, against any and all liability and/or loss arising out of any false or misleading statements or information I have provided in this form.

Signature: _____ Date: _____