



P.O. Box 4100 · Concord, CA 94524-4100
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549
www.ufcwtrust.com

ADOPTED / STEP CHILD DEPENDENT VERIFICATION

In order to bring our records up-to-date, please provide the information as indicated below:

**Please note, if Court Order or Adoption Papers were submitted in a previous year, it is not necessary to resend/resubmit the SAME information. If there has been a change to this information, please resubmit to the Trust Fund.*

- _____ *Copy of the Court Order
- _____ *Copy of Adoption Papers
- _____ Please complete the following statement: *(required once per calendar year)*

I, _____, residing at

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Hereby swear that

_____	_____	_____
(DEPENDENT CHILD'S NAME)	(AGE)	(RELATIONSHIP)
_____	_____	_____
(DEPENDENT CHILD'S NAME)	(AGE)	(RELATIONSHIP)
_____	_____	_____
(DEPENDENT CHILD'S NAME)	(AGE)	(RELATIONSHIP)

are eligible dependent(s) as defined under, the subject plan, and I have listed, or will show said dependent(s) as qualified dependent(s) on my annual Income Tax Revenue Service for the calendar year of _____
(CALENDAR YEAR)

I realize that the above will be used as a basis for determining dependent eligibility under the Plan and declare under penalty of perjury that the foregoing information is correct.

(DATE)

(SIGNATURE OF ELIGIBLE EMPLOYEE)

(EMPLOYEE'S SOCIAL SECURITY NUMBER)

Keep in Touch!

Login to ufcwtrust.com to view or update any of your contact information on file.
We want to keep you informed.