

AFFIDAVIT AND REQUEST TO ENROLL

COMMONWEALTH OF PENNSYLVANIA ) SS#:
)
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ personally appeared before me, \_\_\_\_\_,
SS#: \_\_\_\_\_, the undersigned who being duly sworn according to law deposed and stated that:

- 1. He/She is an employee of \_\_\_\_\_ (Name of Employer) as such is a participant in the Western Pennsylvania Teamsters and Employers Welfare Fund. That \_\_\_\_\_ (name(s) of child/children) is or are the natural born child/children of \_\_\_\_\_ (name of mother/father).
2. Listed below are the names and social security numbers of the mother and father, together with the name and group number of any other health plan covering the child:
Mother: \_\_\_\_\_ SS#: \_\_\_\_\_ Other Plan Name: \_\_\_\_\_ Policy: \_\_\_\_\_
Father: \_\_\_\_\_ SS#: \_\_\_\_\_ Other Plan Name: \_\_\_\_\_ Policy: \_\_\_\_\_
3. I have attached copies of the birth certificate(s) of the child/children.
4. The name, address and any identifying number of any other coverage on the child/children.
5. If my benefit package includes Dental and Vision coverage, I represent that the child/children listed in paragraph 1 reside with me and is/are dependent on the undersigned for principal support and maintenance.

\_\_\_ Yes \_\_\_ No \_\_\_ Not applicable

6. I verify that this information is true and correct.

\_\_\_\_\_  
(Signature of Employee)

Sworn to and subscribed before me
This \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: