

Rocky Mountain UFCW Unions & Employers Health Benefit Plan

ADMINISTRATION OFFICE
P.O. BOX 447 Arvada, Co 80001-0447 (303)-430-9334 1-800-527-1647

STEPCHILD ENROLLMENT STATEMENT

In order to enroll your stepchild for coverage in this Plan, the following conditions must be met and the required documents submitted to the Plan office. Until all documents are received and reviewed, your stepchild will not be eligible under the Plan as a Dependent. Please contact the Plan office at the number above if you have any questions regarding this form or the process.

REQUIREMENTS FOR STEPCHILD COVERAGE:

- Stepchild must permanently reside with the Eligible Employee.
- A normal parent-child relationship must exist between the Eligible Employee and the stepchild.
- The stepchild must have been claimed as a dependent on the Eligible Employee's federal tax return for the prior tax year.
- If the stepchild is between the ages of 19-23, he/she must be a full-time student at an accredited school or university (complete Full Time Student Verification Form).

REQUIRED DOCUMENTATION:

- This form must be signed, notarized and submitted to the Plan office
- Stepchild's Birth Certificate
- The Eligible Employee must submit a copy of the prior year's federal tax return on which the stepchild is claimed as a dependent

I, _____, am an Eligible Employee of the Rocky Mountain UFCW Unions & Employers Health Benefit Plan (Plan). I am enrolling the following stepchild(ren) in the Plan. I certify that a normal parent-child relationship exists between myself and each listed stepchild, that each listed stepchild permanently resides in my home, and that each listed stepchild was claimed as a dependent on last year's federal income tax return (copy submitted with this form).

<u>Stepchild Name</u>	<u>SSN</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this _____ day of _____ 20____

By _____ who personally appeared before me and who is personally known to me, a Notary Public.

My commission expires: _____

Notary Public