

Dependent Affidavit

Wilson-McShane Corporation
3001 Metro Drive - Suite 500
Bloomington, MN 55425

I, _____, the undersigned affiant, residing at

(street address) (city) (state) (zip code)

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

1. _____, born on _____
(name of dependent) (month) (day) (year)

for whom application is made for coverage under the Group Insurance Plan for the employees of:

(name of union)

is is not related to the affiant, and such relationship is: _____

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: _____ Living Deceased

Father's Date of Birth: _____

Father's present address:

(street address) (city) (state) (zip code)

Father's present employer (if known): _____

Name of father's insurance company: _____

Single coverage Family coverage Medical Only Medical and Dental

c. Mother's name: _____ Living Deceased

Mother's Date of Birth: _____

Mother's present address:

(street address) (city) (state) (zip code)

Mother's present employer (if known): _____

Name of mother's insurance company: _____

Single coverage Family coverage Medical Only Medical and Dental

3. Said child receives support from: _____

In the amount of \$ _____ per Week Month Year

4. Affiant will claim the child as a federal income tax deduction for the year _____, and has so claimed said child for the years of: _____.

5. Child's address: _____
(street address) (city) (state) (zip code)

Subscribed and sworn to before me this:

_____ day of _____, _____

Notary Public: _____

(signature of affiant)