

AFFIDAVIT AND REQUEST TO ENROLL

MEMBER NAME: _____

MEMBER SOCIAL: _____

On this _____ day of _____, _____ personally appeared before me, _____, 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 Employment Partners Benefits 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: