



P.O. Box 4100 · Concord, CA 94524-4100  
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549  
[www.ufcwtrust.com](http://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](http://ufcwtrust.com) to view or update any of your contact information on file.  
We want to keep you informed.