

# Teamsters Joint Council No. 83 of Virginia

## Health & Welfare and Pension Funds



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### DEPENDENT FORM

The following information is needed on your dependent:      Child/Stepchild/Grandchild/or other      Spouse

This form must be accompanied by a copy of:      Birth Certificate or Proof of Birth letter      Marriage Certificate

Check here to request additional medical, dental, vision and prescription ID cards for the dependent you are adding.  
 Please note, all cards are issued in the Participant's name.

***If you were previously married and have not done so already, please update your Life Insurance Beneficiary form.***

Participant's Name		Participant's SSN or UID
Participant's Address		Participant's Phone Number
Dependent's Legal Name	Dependent's Relationship to Participant	Dependent's Date of Birth
Dependent's Address (if different from Participant's)		Dependent's SSN

**If this dependent child is a stepchild, grandchild or the relationship is other than natural child, complete the following:**

Does this dependent live with you in a normal parent-child relationship?	Yes	No
Do the natural parents of this dependent live with you?	Yes	No
Is the dependent entirely dependent on you?	Yes	No
Who claims this dependent for a tax exemption?		
Are you responsible for all expenses incurred by this dependent?	Yes	No
Is this dependent legally adopted by you?	Yes	No
Are you legal guardian or have legal custody of this dependent? <b>If yes, provide legal documents supporting this statement.</b>	Yes	No
Is anyone court ordered to provide insurance coverage for this dependent? <b>If yes, provide legal documents supporting this statement.</b>	Yes	No
Is dependent employed? <b>If yes, have the employer complete the attached form.</b>	Yes	No
Name of Insurance Company	Policy or Certificate Number	
Address of Insurance Company		
Full Name of Policyholder		

I hereby certify that the above information is true and accurate.

Participant's Signature

Date