Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds

www.tjc83funds.org
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

Dependent Form

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

Participant's Name_____Participant's SSN or UID_____

Participant's Address _____

_____Participant's Phone No._____

Dependent's Legal Name_____Date of Birth_____

Relationship to you _____ ☐ Male ☐ Female SSN_____

Dependent's home address _____

_____

This form must be accompanied by a copy of: ☐ Birth Certificate or proof of birth letter ☐ Marriage Certificate

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

Is 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 (Legal documents must be provided supporting this statement.)

Are you legal guardian or have legal custody of this dependent? ☐ Yes ☐ No

If yes, provide legal documents supporting this statement.

Is anyone court ordered to provide insurance coverage for this dependent? ☐ Yes ☐ No

If "yes", provide legal documents supporting this statement.

Is dependent employed? ☐ Yes ☐ No ****If yes, have employer complete the attached form.****

If "yes", provide complete name and address of employer: _____

_____

Is this dependent covered by other group insurance? ☐ Yes ☐ No *If "yes" provide the following:*

Name of insurance company _____

Policy or certificate number _____

Address of insurance company _____

Full name of policyholder _____

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

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

Participant's Signature_____ Date_____