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
Email: documents@tjc83funds.net

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? **If yes, provide legal documents supporting this statement.**	☐ Yes	☐ No
Is anyone court ordered to provide insurance coverage for this dependent? **If yes, provide legal documents supporting this statement.**	☐ Yes	☐ No
Is dependent employed? **If yes, have the employer complete the attached form.**	☐ 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