Affidavit of Primary Custodial and Financial Responsibility for Stepchildren

Michigan Conference of Teamsters Welfare Fund

2700 Trumbull Avenue, Detroit, Michigan, 48216

www.mctwf.org (313) 964-2400

TO BE COMPLETED BY PARTICIPANT

Participant's Full Name (Print or Type) _____ Participant's Social Security Number _____

Dependent's Full Name (Print or Type) _____ Dependent's Date of Birth _____

Dependent's Full Name (Print or Type) _____ Dependent's Date of Birth _____

Dependent's Full Name (Print or Type) _____ Dependent's Date of Birth _____

If additional space is needed to list all stepchildren, please use the back of the form and provide each additional dependent's name and date of birth.

This will serve the Michigan Conference of Teamsters Welfare Fund (MCTWF) as notice and verification that my above-named stepchildren are dependent on me for primary custodial and financial responsibility. I understand once the affidavit is approved by MCTWF, the above listed stepchildren will be provided plan benefits for a period no longer than 12-months from the date of my spouse's death. Further, I understand in order to continue the stepchildren on the MCTWF plan beyond the 12-month period; the stepchildren must be adopted. I understand if the above statement is not true, I will be responsible for all claim payments the Michigan Conference of Teamsters Welfare Fund made on behalf of the above-named stepchildren.

Please complete, sign (including notarization), and return to MCTWF at the above address, fax to (313) 748-4330 or email to documents@mctwf.org

Participant's Signature _____ Date _____

TO BE COMPLETED BY NOTARY PUBLIC

Subscribed and sworn to before me on _____, in _____ County, Michigan.

Signature: _____

Printed: _____

County of Commission: _____

Commission Expiration Date: _____