

# WEST VIRGINIA LABORERS' TRUST FUND

ONE UNION SQUARE

SUITE 200

CHARLESTON, WEST VIRGINIA 25302

PHONE (304) 342-5142

FAX (304) 342-2610

STEVEN L. SMITH, Administrative Manager

JUDITH LILLY, Executive Secretary



## **AFFIDAVIT OF DEPENDENCY**

*The undersigned, being first duly sworn, under oath says that dependent's*

*name) \_\_\_\_\_ (relationship) \_\_\_\_\_,*

*(birthdate) \_\_\_\_\_ is a dependent of mine (dependent meaning: natural child,*

*legally adopted child, foster child or stepchild) in that he/she meets the following*

*requirements:*

- 1. the dependent is an unmarried child and has not reached his/her 19<sup>th</sup> birthday; or the dependent has not reached his/her 23<sup>rd</sup> birthday in case of unmarried dependent child who is attending high school, college, university, trade or training school on a full time basis. (Note: proof of enrollment in school in the form of a notarized letter from the Registrar's Office stating dependent is a student on a full time basis at time claim incurred must be attached).*
- 2. the dependent child, legally adopted child, or stepchild is totally dependent on the employee for support and maintenance and,*
- 3. the dependent is residing permanently with the employee in a regular parent-child relationship.*

*He/She further states that said dependent is unmarried. A copy of the Legal*

*Document along with this Affidavit must be signed in all cases.*

*Dated \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.*

*Signature \_\_\_\_\_*

*Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, My*

*Commission expires the \_\_\_\_\_ day of \_\_\_\_\_*

*Notary Public \_\_\_\_\_*