

Notarized Form Regarding other Insurance for Child

Please complete this form in full if you are adding a child to your policy and any of the following are true:

- You and the natural mother/father were never married
- Divorce decree is not available
- If there is a guardianship and the natural mother and/or father are ordered to maintain coverage

Insurance Information for Non-UFCW Parent

The mother or father's name listed below should be the parent that does NOT have benefits through UFCW Local 655 Welfare Fund.

_____ does carry healthcare coverage on _____
non-UFCW parent child's name

Insurance Company's Name and Address

Policy # and Effective Date

_____ does **NOT** carry healthcare coverage on _____
non-UFCW parent child's name

Custody Agreement

Is there a custody agreement listing one parent responsible for child's coverage? Yes No

If there is a custody agreement, please submit a copy to the Fund Office.

Notary Statement

By signing below, I certify that all of the above information is current and true. If any of the above information should change, I agree to immediately notify the Welfare Fund Office.

Notary: Please affix seal here

Member's Signature

Notary Public's Signature

Date

Date