STEPCHILD/DEPENDENT CERTIFICATION

Central Pennsylvania Teamsters
Health and Welfare Fund
P.O. Box 15224
Reading, PA 19612-5224

Gentlemen:

This letter will certify to the fact that

NAME OF CHILD	BIRTHDATE	SOCIAL SECURITY#

Is my _____ Stepchild
_____ Grandchild
_____ Dependent (please specify – ward of the court, child placed in your home by a court order, or child placed with you as a guardian by a court order. Documentation to this effect is required.

I hereby certify that this child is a full-time resident of my household.

I further certify that I do or will claim this child as a dependent on my Federal Income Tax Return and that the Internal Revenue Service has never disallowed this exemption.

_____ Copy of Pages 1 and 2 of my Federal Income Tax Return are attached hereto.
_____ I will submit a copy of Pages 1 and 2 by April 15th of next year and each year thereafter.

I understand that this certification, if not true and correct, will result in legal action against me for recovery of benefits paid on behalf of this child. Benefit coverage for Central Pennsylvania Teamsters Health and Welfare Fund purposes shall commence on and not before the date that the within certification, in notarized form, is received at the office of the Fund. I also recognize that this child is subject to all provisions of the Plan that are in effect on such date of coverage.

Very truly yours,

_____
Participant's Signature

_____
Participant's SS#

NOTARIZED INFORMATION

Dated:_____

Signed in my presence this _____ day of _____, 200__.

_____
Notary Public