

**TRINITY HEALTH DEPENDENT VERIFICATION  
HEALTH CARE AFFIDAVIT**

*If you (1) have one or more stepchildren, (2) have custody or guardianship of a child to whom you are not related by birth, or (3) have a disabled dependent child, or (4) have a dependent child over age 19 who is not a full-time student, you must complete this Health Care Affidavit, sign and date it, have it notarized (keep a photocopy for your records), and submit it to your OTE/Human Resources Representative.*

I, \_\_\_\_\_, hereby attest that I am the stepparent, legal guardian or custodial parent of the following child or children (collectively referred to as the "Child"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and that we meet one of the following conditions:

- The Child is related to me by blood or marriage and meets the criteria as described in my Summary Plan Description, or
- The Child is one for whom I have been appointed guardian and/or I have been ordered by a court to provide medical coverage, or
- The Child is unmarried and totally disabled by mental or physical incapacity, or
- The Child is over age 19 and has a gross income that does not exceed the exemption amount under Code Section 151(5) (\$3,650 for 2009).

I agree that in the event that any of the above information changes, I will immediately notify my OTE/Human Resources representative. I understand that if I misrepresent any facts on this form, I am subject to coverage cancellation and disciplinary action in accordance with my employer's policy manual.

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public, in and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person whose name is subscribed above, and acknowledged to me (1) that he/she has read the foregoing Health Care Affidavit, (2) that he/she understands the contents thereof, (3) that he/she in my presence did sign the foregoing instrument, and (4) that the same is the free act and deed of him/her personally.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at \_\_\_\_\_, \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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