

WEST VIRGINIA LABORERS TRUST FUND

PLAN OFFICE
WEST VIRGINIA LABORERS TRUST FUND
ONE UNION SQUARE
SUITE 200
CHARLESTON, WV 25302

Phone: (304) 342-5142
Fax: (304) 342-2610

AFFIDAVIT OF DEPENDENCY

Section I: Participant Information

Name: _____ Soc. Sec. No: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Section II: Dependent Information

Dependent's Name: _____ Relationship to Participant: _____
Dependent's DOB (MM/DD/YYYY): _____

The undersigned, being first duly sworn, under oath says that _____ (Dependent's Name) is a dependent of mine (dependent meaning: spouse, natural child, legally adopted child, foster child or stepchild) because he/she meets one of the following requirements:

1. The dependent is the participant's legal spouse; OR
2. The dependent is the participant's natural child, legally adopted child, foster child or stepchild who has (a) not reached his/her 26th birthday; OR
3. The dependent is the participant's unmarried child, prior to age 19, became incapable of self-sustaining employment because of physical handicap or mental retardation, and such child is totally dependent upon the participant for support.

YOU ARE REQUIRED TO ATTACH A LEGAL DOCUMENT TO THIS FORM THAT ESTABLISHES PROOF OF DEPENDENT STATUS. IN THE CASE OF A DEPENDENT SPOUSE, A MARRIAGE CERTIFICATE IS REQUIRED TO CONFIRM ELIGIBILITY. IN THE CASE OF A DEPENDENT CHILD, A BIRTH CERTIFICATE, COURT ORDER OF RECORD, OR ANOTHER DOCUMENT DEEMED NECESSARY BY THE BOARD OF TRUSTEES IS REQUIRED TO CONFIRM ELIGIBILITY. FAILING TO FURNISH THE PROOF REQUIRED WILL RESULT IN THE DENIAL OF DEPENDENT ELIGIBILITY.

Section III: Participant Signature (notarized)

In witness, whereof, the undersigned has hereunto set his/her hand this _____ day of _____, 20____.

Signature _____

Taken, subscribed and sworn to before me this _____ day of _____, 20____.

My Commission expires the _____ day of _____, 20____.

Notary Public _____

Section IV: Plan Office Use Only

Received on _____ by _____