## WEST VIRGINIA LABORERS TRUST FUND

## **AFFIDAVIT OF DEPENDENCY**

PLAN OFFICE

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

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

	····		Soc	c. Sec. No:	***************************************
Address:				Birth Date:	
City:	State:	Zip Code:	Tel	ephone:	
Section II: Dependent Information					
Dependent's Name:		Relationship to Part	icipant:		7888
Dependent's DOB (MM/DD/YYYY);	~				
The undersigned, being first duly swis a dependent of mine (dependent one of the following requirements:	vorn, under oath says meaning: spouse, na	that atural child, legally adopte	d child, foste	(Depend r child or stepchild)	lent's Name) because he/she m <del>e</del> e
1. The dependent is the	participant's legal sp	ouse; OR			
<ol><li>The dependent is th his/her 26th birthday;</li></ol>		al child, legally adopted	child, foster c	hild or stepchild wh	o has (a) not reache
because of physical h	nandicap or mental re	arried child, prior to age tardation, and such child i	s totally deper	ndent upon the parti	cipant for support.
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