

Affidavit of Eligible Spouse For Dependent Eligibility Verification

Instructions: Please complete this affidavit attesting you are currently married to your spouse. This affidavit is only required when there is no other proof of current marriage available. **You must include your state-issued Marriage Certificate with this affidavit.**

Member Information:

| | | | | |
|-----------|-------|----------------|---------------------|-----------------------|
| Last Name | First | Middle Initial | Last 4 Digits SSN#: | Telephone #: |
| Address: | | | City: | State: Zip Code: |

Legally Married Spouse Information:

| | | | |
|-----------|-------|----------------|----------------------------------|
| Last Name | First | Middle Initial | Telephone #: |
| Address: | | | City: State: Zip Code: |

Certification: By signing this form, I am certifying that I understand the *Indiana Laborers Welfare Fund* plan eligibility rules and that:

- the above listed individual is my legal spouse, and that we are not divorced or legally separated;
- the information I supplied on this form is true and complete and that any false information or statements made on this form may be grounds for termination from the *Indiana Laborers Welfare Fund* for myself and/or eligible dependents;
- I understand that it is my responsibility to notify the *Indiana Laborers Welfare Fund* in writing of a divorce or legal separation from my spouse. Notification to the Fund Office should be immediate, but no more than 30 days from the divorce or legal separation from my spouse;
- I understand that enrolling an individual who is not my legal spouse or failing to provide notice of ineligibility may result in termination from coverage for that individual; and that
- termination may result in liability for payment of any medical, prescription drug, vision, and dental claims paid by the *Indiana Laborers Welfare Fund* benefit plan from the date the individual was terminated from coverage.

Member Signature: _____ **Date:** _____

In the presence of _____ **State of** _____
Signature of Notary Public

Seal

Name of Notary Public (Print)

County of _____