

**UFCW – EMPLOYERS BENEFIT PLANS OF NORTHERN CALIFORNIA
GROUP ADMINISTRATION LLC
PO Box 8086
Walnut Creek, CA 94596
Telephone: (925) 746-7530 or (800) 794-5678 Facsimile: (925) 746-7549**

Dear Participant:

For your information, stepchildren, legally adopted children or foster children may qualify as your legal dependent if the child is claimed as an income tax deduction and you have the legal responsibility for payments of all medical, dental and hospital expenses incurred on behalf of the child. Children other than your own may be included only when residing in your home in a parent-child relationship. Exceptions are generally restricted to cases of orphaned children or children whose natural parents reside outside of the area and have relinquished parental authority and responsibility.

In order to bring our records up-to-date, please provide the information as indicated below:

- ____ Copy of the Court Order
- ____ Copy of Adoption Papers
- ____ please complete the following statement:

I, _____, residing at

(Street Address) (City) (State) (Zip Code)

Hereby swear that _____
(Child's Name) (Age)

_____ is an eligible dependent as defined
(Relationship)
under, the subject plan, and I have listed, or will show said dependent as a qualified dependent on my annual Income Tax Revenue Service for the calendar year of _____.

I realize that the above will be used as a basis for determining dependent eligibility under the Plan and declare under penalty of perjury that the foregoing information is correct.

Date _____

(Signature of Eligible Employee)

(Employee's Social Security Number)