NATIONAL IAM
BENEFIT TRUST FUND

ELIGIBLE DEPENDENT CERTIFICATION

Employee's Full Name (Please Print) | Social Security Number

Employee's Address - Street | City | State | Zip Code

This certification relates to the following dependent:

Dependent's Full Name | Dependent's SSN

Dependent's Relationship to Employee | Dependent's Date of Birth

Dependent's Address - Street | City | State | Zip Code

I hereby certify and affirm that the dependent shown above is my (select one):

- ☐ Biological child
- ☐ Adopted child, or child that has been placed with me for adoption (please attach a copy of placement or adoption papers)
- ☐ Step-child (please attach a copy of the child's birth certificate and proof of your relationship with the child's biological or adoptive parent; e.g. marriage certificate, etc.)
- ☐ Other dependent child who is under my legal guardianship (please attach a copy of guardianship papers or other legal documents)

I hereby certify and affirm that I understand and agree to the following:

1. I understand that the determination of dependent eligibility under the National IAM Benefit Trust Fund will be based on information provided in this certification.
2. I understand that it is my responsibility to notify the Fund Office immediately of any change in my relationship with this dependent or in the dependent's eligibility status.
3. I understand that I will be held responsible for reimbursement of any overpayment that occurs due to my failure to provide timely notification to the Fund Office of such changes.

I hereby declare under penalty of law that all of the foregoing information is true:

Employee's Signature | Date Signed