

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



Administered by West End Administrators, Inc.  
8814 Fargo Road · Suite 200 · Richmond, VA 23229  
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

## Dependent Form

The following information is needed on your dependent:      Spouse      Child/Stepchild/Grandchild/or other

Participant's Name \_\_\_\_\_ Participant's SSN or UID \_\_\_\_\_

Participant's Address \_\_\_\_\_

Dependent's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship to you \_\_\_\_\_ SSN \_\_\_\_\_

Dependent's home address \_\_\_\_\_

This form must be accompanied by a copy of:      Birth Certificate or proof of birth letter      Marriage Certificate

*If this dependent child is a stepchild, grandchild or the relationship is other than natural child, complete the following:*

Does this dependent live with you in a normal parent-child relationship?      Yes      No

Is dependent entirely dependent on you?      Yes      No

Who claims this dependent for a tax exemption? \_\_\_\_\_

Are you responsible for all expenses incurred by this dependent?      Yes      No

Is this dependent legally adopted by you?      Yes      No (Legal documents must be provided supporting this statement.)

Are you legal guardian or have legal custody of this dependent?      Yes      No

*If yes, provide legal documents supporting this statement.*

Is anyone court ordered to provide insurance coverage for this dependent?      Yes      No

*If yes, provide legal documents supporting this statement.*

Is dependent employed?      Yes      No      *\*If yes, have employer complete the attached form.\**

*If "yes", provide complete name and address of employer:* \_\_\_\_\_

Is this dependent covered by other group insurance?      Yes      No      *If "yes" provide the:*

Name of insurance company \_\_\_\_\_

Policy or certificate number \_\_\_\_\_

Address of insurance company \_\_\_\_\_

Full name of policyholder \_\_\_\_\_

I hereby certify that the above information is true and accurate.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_