

trust fund office
local union 831
employer health trust fund
employer pension plan

DECLARATION OF EMPLOYEE CONCERNING STEPCHILD

I, _____
(Print name of employee)

SS# _____, married _____
(Social Security number of employee) (Print name of spouse)

At the time of this marriage, my spouse had a child whose name is _____,
(Print name of stepchild)
and who is now my stepchild. This stepchild lives with me in a regular parent-child relationship:
and I declare this stepchild as a dependent for income tax purposes.

Based upon these facts, I declare that the Southern California Local 831 Employer Health
Fund, consider this stepchild to be my eligible dependent.

I declare under penalty of perjury under the laws of the State of California that all of the
above is true and correct, and I understand that if it is not, I shall be responsible for all payments
made by the Southern California Local 831 Health Fund for this dependent.

Signed on _____ at _____
(Date) (Print County and State)

(Employee's Signature)

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DECLARATION OF SPOUSE CONCERNING CHILD

I, _____
(Print name of spouse)

SS# _____, married _____
(Social Security number of spouse) (Print name of employee)

At the time of our marriage, I had a child whose name is _____ .
(Print name of child)

At the time my child was born to me I was not married. For this reason, I was not required to get, nor do I have a court order showing that I have legal custody of the child.

I declare under penalty of perjury under the laws of the State of California that all of the above is true and correct.

Signed on _____ at _____
(Date) (Print County and State)

(Spouse's Signature)