

DEPENDENT AFFIDAVIT

Dependent's Name: _____ Date of Birth: _____

Relationship to **PIBF** member: _____

Natural Father

Name: _____

Address: _____

City, State, Zip

Natural Mother

Name: _____

Address: _____

City, State, Zip

Child Resides with: (please check all that apply)

Father Mother

Father is deceased Mother is deceased

Present whereabouts of Father Mother are unknown.

Is there a divorce decree or child support order regarding insurance coverage for your dependent?

Yes No

If you answered "Yes", you **MUST** provide a copy of the divorce decree or child support order regarding insurance coverage for your dependent child to be eligible.

Date: _____

Signature of **PIBF** Member

PIBF Member's SS# _____