

**SUFFOLK COUNTY COURT EMPLOYEES ASSOCIATION WELFARE FUND**

**1363-24 Veterans Memorial Highway, Hauppauge, NY 11788**

**PH: 631-231-3983 FAX 631-231-3986**

**2020 ANNUAL**  
**ADULT DEPENDENT CERTIFICATION FOR**  
**UNION BENEFITS COVERAGE**

**4/1/2020 TO 3/31/2021**

**Should you wish a child between the ages of 19 to 26 to be covered under the Union Plan, this form must be completed and signed and returned to the Fund Office at the above address.**

**IMPORTANT NOTICE:** This coverage is only available if the child is **NOT** eligible to enroll in another employer-sponsored health plan. This means that if a child was offered coverage by his or her own employer, or his or her spouse's employer, then the parent's plan would not be required to continue dependent coverage to age 26. **WE MUST BE NOTIFIED IF COVERAGE IS AVAILABLE TO THE DEPENDENT FROM THEIR EMPLOYER.**

**SECTION 1: MEMBER INFORMATION**

_____	_____	_____
Last Name	First Name	Social Security (Last 4)
_____	_____	_____
Address	City, State	Zip

**SECTION 2: DEPENDENT:** Copies of birth certificates, adoption certificates, proof of legal guardianship, or your NYSHIP card with your dependent child's name must be attached **IF THEY ARE NOT ALREADY ON FILE IN THE FUND OFFICE.**

_____	_____	M	F	_____
Last Name	First Name			Social Security Number
_____	_____			_____
Address	City, State			Zip
Date of birth: _____	Marital Status: _____	Daytime Phone: ( ) _____		

IN ADDITION, YOU MUST CERTIFY THAT YOUR CHILD IS NOT ELIGIBLE (DOES NOT HAVE THE AVAILABILITY TO OBTAIN) HEALTH COVERAGE THROUGH HIS/HER OWN EMPLOYER. PLEASE CHECK THE APPROPRIATE BOX BELOW:

- I hereby certify that the adult child shown above is NOT EMPLOYED as of the date of this notice.
- I hereby certify that the adult child shown above IS EMPLOYED, but is not eligible for health coverage through his/her employer.
- I hereby certify that the adult child is married but IS NOT eligible for health coverage through his/her spouse's employer.
- I hereby certify that the adult child is married and IS eligible for health coverage through his/her spouse's employer.

