

CLAIM FOR DEPENDENT PARENTS - SUPPORTING STATEMENT

This form is to be filled out by the participant and must be attached to Parent's Claim. All questions must be answered. Participant's and dependent's name should be printed. Both Parent and Participant must sign this form.

Copy of federal tax return for preceding year must be attached.

Participant's Name (Print) \_\_\_\_\_ S.S.# \_\_\_\_\_ M.E.B.A. Dist. # \_\_\_\_\_

Full name of Dependent (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Where does this dependent live now \_\_\_\_\_ (No. and Street) (City/State)

With whom is he (she) residing \_\_\_\_\_ (Name of Person)(Relationship to Dependent)

Does your Dependent contribute money to the household for room, board, or other Expenses? Yes \_\_\_ No \_\_\_ If yes, how much \$ \_\_\_\_\_ Is money contributed from parent's own funds? Yes \_\_\_ No \_\_\_ If no, from whose funds \_\_\_\_\_

Have you claimed this dependent on your U.S. Income Tax Return? Yes \_\_\_ No \_\_\_ If yes, lastest year claimed \_\_\_\_\_ (Submit copy of return)

Enter amount spent for support of this dependent during last 12 months prior to date of this application \$ \_\_\_\_\_

(Amounts spent for support should include such items as the cost of board, lodging, clothing, medical and dental care and similar items. If dependent lives in your home, do not include cost of board or lodging, just list total for all other items.)

Enter amount dependent spent from own means for his (her) own support \$ \_\_\_\_\_. If dependent receives social security, pension or other assistance, state from whom:

Table with 3 columns: Name, Address, Amount Monthly. Includes three horizontal lines for data entry.

Enter amount of dependent's earnings \$ \_\_\_\_\_ (include wages, interests, profits, rents, etc).

Did any other person contribute to dependent's support? Yes \_\_\_ No \_\_\_

If yes, state \_\_\_\_\_ (Name and Address) \_\_\_\_\_ (Relationship to Dependent) (Amount) \$ \_\_\_\_\_

Over.....

**DECLARATION OF DEPENDENT**

I represent that the above information has been examined by me and it is true, correct and complete to the best of my knowledge, and I ask the MEBA Medical and Benefits Plan ("Plan") to act on my representation.

---

Signature of Parent

**DECLARATION OF PARTICIPANT**

I represent that the above information has been examined by me and it is true, correct and complete to the best of my knowledge, and I ask the MEBA Medical and Benefits Plan ("Plan") to act on my representation.

---

Signature of Participant