

Carpenters Health and Security Plan of Western Washington

PO Box 1929 Seattle WA 98119

Paternity Questionnaire

Participant's name: _____

Participant's control number: _____

Child's name: _____

1. Is there a legal court order or decree of paternity governing support and maintenance for this child?
___ Yes ___ No. If yes, please submit a copy of this document. If no court order exists, please submit a copy of the certified birth certificate listing the child's natural father. If you are filing for a benefit period prior to the date the certified copy of the birth certificate was issued, you must also submit a copy of the original notarized "Paternity Affidavit" indicating the date the natural father acknowledged paternity for the child. Under no circumstances is the child's effective date earlier than your own.

Important: All copies of legal documents must have a legible final court action date, or state or county "certified" stamp and date.

2. Who has legal custody of this child? _____

3. Does this child reside with you? ___ Yes ___ No. If no, with whom and where does this child reside?

4. Is this child primarily dependent on you for support and maintenance? ___ Yes ___ No. If yes, please explain in detail how this child is primarily dependent on you for support and maintenance.

5. Is this child claimed as an exemption on your federal income tax return? ___ Yes ___ No. If no, why not?

6. Is this child covered under any other health care plan? ___ Yes ___ No. If yes, please provide the name and telephone number of the health care plan and the name, social security number and identification number of the insured. Please include a copy of the insurance card(s).

(over, please)

Medical coverage including effective date of coverage.

Dental coverage including effective date of coverage.

Vision coverage including effective date of coverage.

I hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge.

Participant's Signature

Date