

# Affidavit of Child Dependency

Office use only
Approved by: _____
Approved date: _____
Effective date: _____

Use this affidavit to affirm your court ordered guardianship for a dependent child. Examples include, but are not limited to a foster child, a for whom a court has assigned you guardianship, and a child placed for adoption. See the Summary Plan Description for more information: [www.pebbinfo.com](http://www.pebbinfo.com).

- Newly Eligible Employees, Newly Hired Employees and Active Employees requesting a midyear change: You must submit the Employee Enrollment or Midyear Change form, and this affidavit to your agency/university payroll office or the child will not receive coverage.
- Open Enrollment: You may enroll your child through the online system at [www.pebbenroll.com](http://www.pebbenroll.com). The child's enrollment will take effect only if you submit this affidavit to your agency/university payroll office during open enrollment or within seven days following the close of open enrollment or the child will not receive coverage.
- A child 18 or older cannot be added to PEBB coverage unless there is a court order documenting responsibility of the child beyond age 18.

## Contact information *(You must complete all fields.)*

PEBB benefit number (P#####), OR#, University ID or Lottery ID

Last name	First name	Middle	Gender
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Contact address	<input type="checkbox"/> Check if new address	Apartment #	City	State	ZIP
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Residence ZIP code	Work ZIP code	Work email	Personal email (optional)
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Date of birth (mm/dd/yyyy)	Work phone	Home phone (optional)
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## Dependent child information *(You must complete all fields.)*

Last name	First name	Middle	Date of birth (mm/dd/yyyy)
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Relationship to you	Date of initial legal responsibility (mm/dd/yyyy)	Date legal responsibility ends (mm/dd/yyyy)
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- I certify that I have court ordered guardianship of the individual named on this affidavit
- I certify that the individual named on this affidavit is my current IRS tax dependent and listed on my most recent Federal tax returns.

## Employee Signature and Authorization

I declare that the individuals listed on this affidavit and I are eligible for the coverage requested. I understand the benefit elections made on this application are in effect for as long as I continue to meet PEBB's eligibility requirements, or until I elect to change them subject to the provisions of PEBB's plan.

- I have read the benefit materials and I understand the limitations and qualifications of the PEBB benefits program. If necessary, I authorize premium payments deducted from my pay. I understand that:
  - A person knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines.
  - Knowingly making a false statement may subject me to termination of enrollment, denial of future enrollment, or civil damages.
  - If I fail to report a change that made an enrolled family member ineligible, PEBB may consider my omission an intentional misrepresentation of a fact material to my enrollment. In that case, PEBB may terminate the family member's coverage retroactively, pursuant to PEBB rules.
  - You must submit a midyear change form to your benefit office within 30 days of the date when an individual you provide coverage for is no longer PEBB eligible. If your notice is late, you and your qualified beneficiaries may lose the right to elect COBRA.
  - This affidavit supersedes all forms and submissions I previously made for PEBB coverage for individuals named.
  - PEBB may request current IRS documentation and court documents.
- I certify under penalty of the State of Oregon laws that the foregoing is true and accurate to the best of my knowledge and belief, and I understand that they are subject to penalty for false claims.

Employee signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit completed form to your agency or university payroll office.**

**Keep a copy of your benefit forms for your records.**

**Any alteration of this form may result in it being ineffective.**

## Notary Stamp

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Official title: \_\_\_\_\_