



# **Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA**

*Serving the Laborers' District Council of Western Pennsylvania  
Pension Fund, Welfare Fund and other affiliated Funds*

12 EIGHTH STREET, SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222

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## **VERIFICATION REGARDING NEW COVERED DEPENDENT CHILD**

I, \_\_\_\_\_ (S.S. No. \_\_\_\_\_), residing  
at \_\_\_\_\_, do hereby state:

1. I am a participant in the Benefit Plan of the Laborers' District Council of Western Pennsylvania Welfare Fund.

2. I wish to add my new child, \_\_\_\_\_, as a  
(name of child)  
Covered Dependent under the Welfare Fund Benefit Plan. This new child was:

Born on \_\_\_\_\_, 20\_\_\_\_.

3. I provide the principal maintenance and support for this child.

4. At the present time, I do not have the birth certificate, adoption documents, or other documents required by the Welfare Fund to establish the status of this new child as my Covered Dependent, because of the following circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check the appropriate box below)

5. I do  do not  have a Court Order to pay child support or provide medical support for this child. Please attach a copy of any such Court Order.

6. I am  am not  in the process of adopting this child. Please attach a copy of the Notice of Intent to Adopt and any other adoption documents.

**OVER**

7. I have filed or I intend to file within the next ten (10) days an Acknowledgment of Paternity with the Bureau of Child Support Enforcement of the Pennsylvania Department of Public Welfare. Please provide a copy of the Acknowledgment of Paternity.

8. I understand that I will be required to provide the documents requested by the Welfare Fund to establish that this child is my Covered Dependent, as soon as such documents are available, and that any coverage and/or benefits which may temporarily be made available for this child by the Welfare Fund would only be available for a limited time to permit me to obtain and submit the required documents to the Welfare Fund. I also acknowledge that if I fail to provide the required documents to the Welfare Fund within a reasonable time, I will be obligated to reimburse the Welfare Fund for the costs of all coverages and/or benefits which may have been provided to this child by or through the Welfare Fund while it was awaiting the documents required to establish that this child qualifies as my Covered Dependent.

I verify that the statements I have made in this document are true and correct. I understand that my statements made in this document are subject to the penalties set forth under Pennsylvania law relating to unsworn falsifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date