



## Statement of Dependence of Domestic Partner's Child for Participation in the RF Health Insurance Plan

The employee may only provide coverage for the partner's child if the child permanently resides in the employee's household and the employee provides 51 percent or more of the child's support. To enroll the child, the employee must complete the following statement.

### Employee's Statement

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_  
*No. and Street                      City                      State                      Zip Code*

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

1. What relationship is the dependent child to you? \_\_\_\_\_

2. What percentage of the dependent child's support do you provide? \_\_\_\_\_

3. Does this child reside in your home?                       Yes     No

If yes, provide the date when such residence began: \_\_\_\_\_

4. How long do you anticipate the residence to continue? \_\_\_\_\_

5. In the space provided below, provide the reason(s) why this dependent child lives with you and is dependent upon you for support.

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_