



LOCAL 22 FIRE FIGHTERS & PARAMEDICS HEALTH PLAN

HEALTH PLAN

STEPCHILD APPLICATION

I, _____, a participant in the Local 22 Health Plan, affirm under penalties of perjury pursuant to 28 U.S.C. §1746 that the stepchildren listed below meet the requirements for coverage established by the Plan's Trustees. I understand that if the Local 22 Health Plan provides benefits for stepchildren who are not eligible for coverage, I will be personally liable for all costs incurred by the Plan in providing that coverage and that the Plan can recoup these costs from benefits otherwise payable to me or other members of my family.

Signature Date

I am enclosing the necessary documents required for enrollment.

