



LOCAL 22 FIRE FIGHTERS & PARAMEDICS HEALTH PLAN

STEPCHILD APPLICATION

I, _____ a participant in the Local 22 Health Plan, affirm under penalties of perjury under Title 28 U.S. Code & 1746 that the stepchildren I listed below meet the requirements for coverage established by the Plan's Trustees. I understand that the Local 22 Health Plan offers benefits to stepchildren ineligible for health insurance coverage under their biological parents. I will be personally liable for all costs incurred by the Health Plan in providing that coverage, and the Health Plan can recoup these costs from the benefits otherwise payable to me or other family members. The monthly payments are from the member's account through the bill payer. The member is responsible for a late fee payment of \$25.00 per child and a bounced check penalty. Delinquent payments may result in the termination of stepchild benefits.

Name:

SS: #

Signature:

Date:

I am enclosing the necessary documents required for enrollment.

