For MPE use only:_____

Massachusetts Public Employees Fund
Vision and Dental Health Plans

Legal Custody Attestation

The Massachusetts Public Employees Fund defines an eligible dependent child as follows:

"The term child or children shall include any natural child, residential stepchild, legally adopted child or child for whom the Fund member has obtained legal custody and with whom the Fund member maintains a parent/child relationship and for whom the Fund member provides regular financial support."

The Fund will provide coverage to a minor child for whom the member has been granted permanent legal custody (including permanent guardianship with custody). Please complete this form and return with a copy of the court order establishing permanent *legal custody*.

If you have been granted temporary guardianship or guardianship without custody (for example if the biological parent(s) retains custody), the child(ren) are not eligible dependents per Fund policy).

To qualify as an eligible dependent of the Fund with legal guardianship, the Fund member must have a current (dated within the last two years) Appointment of Permanent Guardianship of a Minor; and have sole physical custody of that child(ren); and claim that child(ren) as a dependent on federal income tax returns for each year the Fund provides benefits to that child(ren).

The Fund may require this form to be completed by the Fund member every two years attesting that the child still resides in the member's home. Additionally, the Fund may require that the member submit a federal tax transcript, at the member's expense, to validate the member claims the child as a tax dependent.

Child(ren)'s Name: Date of Birth:

_____ _____

_____ _____

_____ _____

Under penalties of perjury, I certify that the above-named child(ren) qualify under the Fund's definition of a child as defined above and that I have sole physical custody of said child(ren). I understand that that the Fund reserves the right to request additional documentation to support this information, including transcripts of my federal tax return Form 1040. I also understand that I am responsible for notifying the Fund within 60 days if the above named child(ren) no longer qualifying as a dependent under the Fund's policies (e.g. I no longer have legal custody; child(ren) no longer live in my home; I no longer claim child(ren) as federal tax exemption) and that if I fail to notify the Fund, I may be responsible for repaying any and all claims paid on his/her behalf.

_____ Member ID# (or SSN)_____

Name of Fund Member

_____

Signature of Fund Member Date