



Massachusetts Public Employees Fund

Vision and Dental Health Plans

Certification of Residential Stepchild Verification Form (Form RS-2)

(For use only when there is no formal custody documentation or federal tax return available)

The Massachusetts Public Employees Fund ("Fund") provides coverage for dependent children through the last day of the month during which the child turns 19, or through the last day of the month in which she turns 26, if enrolled as a full-time student. The Fund defines the term "child" (or "children") to "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 Fund member's **residential stepchild** if: (1) the Fund member is legally married to the parent of the stepchild; **and** (2) the stepchild legally resides in the Fund member's household (but may be temporarily away from home while attending school); **and** (3) the stepchild is unmarried; **and** (4) the Fund member is entitled to claim the child as a dependent for federal income tax purposes (as supported by either the Fund member's most recent federal tax return or a valid court order).

By signing below, you are certifying, under penalties of perjury, that the following is **true and correct**:

- 1) The below-named child(ren) reside in your home and are unmarried; and
- 2) You are legally married to the below-named child(ren)'s custodial parent; and
- 3) You claim or will claim the below-named child(ren) on your current federal tax return; and
- 4) You are currently not in possession of either: (a) a divorce agreement establishing custody of your stepchild(ren), or (b) a current federal tax return which claims your stepchild(ren) as tax dependents.

By signing below, you are further agreeing to request that the IRS send a transcript of your federal tax return for the current year to the MPE Fund office upon request. The fee required by the IRS for this transcript shall be your sole responsibility. Failure to request the transcript of your federal tax return may result in the Fund obtaining reimbursement from you for any benefits provided on behalf of the below-named children and/or suspension of your eligibility to participate in the Fund.

Name of Child:

Date of Birth:

Under penalties of perjury, I certify that the above-named child(ren) meet the definition of residential stepchildren, as defined above. I understand the Fund reserves the right to request additional documentation to support this information. I also understand that if any of the above-named children are found to not qualify as a residential stepchild that I may be required by the Fund to repay any and all overpayments paid by the Fund on their behalf.

 Name of Fund Member

 Social Security Number or Subscriber ID

 Signature of Fund Member

 Date

Important Note: It is the responsibility of the Fund member to notify the MPE Fund office if a child no longer meets the requirements of a residential stepchild, as defined above. If any act or omission by the Fund member results in the MPE Fund providing benefits on behalf of any individual who is not entitled to such benefits under the terms of the Plan, the Fund member shall be liable to the Fund for any such overpayments plus interest, and for any costs and attorney's fees incurred by the Fund in connection with any legal proceeding undertaken by the Fund or the Trustees to recover such overpayment.