



Massachusetts Public Employees Fund

Vision and Dental Health Care Plans

Legal Custody Attestation Form

For MPE use only: _____

The Massachusetts Public Employees Fund uses the following definition of a dependent child:

“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.” **This definition does not include legal guardianship.**

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

The Fund will provide coverage to a minor child for whom the member has been appointed legal guardianship **only if** 1) the Fund member has submitted current (dated within the last two years) Letters of Appointment of Permanent Guardianship of a Minor that establishes the fact that the member also has **sole physical custody** of said minor child(ren); **and** 2) the member claims the child(ren) as an exemption on his/her federal income tax returns for each year the Fund extends coverage for child(ren).

Fund will also 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