MOTION PICTURE INDUSTRY
PENSION & HEALTH PLANS℠

# Retiree Health Plan

APPLICATION FOR COVERAGE
Adopted child, Foster child, Stepchild, or child for whom you are the legal guardian

The undersigned Participant declares:

1. That_____ , _____ , (the "Child") is:

   [Name of Child] [SS# of Child]

   [Check one]

   - ☐ Stepchild
   - ☐ Foster child
   - ☐ Legally adopted child, or child who has been placed with me for adoption
   - ☐ Child required to be recognized under a Qualified Medical Child Support Order
   - ☐ Child for whom I am the legal guardian

2. That the Child is unmarried, lives with me in a parent/child relationship, and is dependent upon me for support and maintenance.

3. That the Child: [Check one]

   - ☐ has not reached his/her 19th birthday or
   - ☐ has not reached his/her 23rd birthday, is dependent upon me for full support, and is a full-time student in an accredited school or college.

4. That each of the following documents has been provided to MPI:

   a. Beneficiary/Enrollment Form

   b. Child's birth certificate

   c. Legal documentation (or other documentation deemed adequate by MPI) stipulating legal guardianship, foster parenthood, adoption or placement for adoption

   d. Other insurance information

5. That no coverage will be provided for the Child until the required documentation has been received by MPI.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.

_____ _____ _____

Participant's Signature Participant's Social Security # Date

042017