

**Professional Musicians Local 47 and Employers Health and Welfare Fund**  
**DEPENDENT CERTIFICATION FORM**

*(To be completed by all adult children applying for enrollment in the Plan)*

I, \_\_\_\_\_ [ print dependent's name ], hereby make the following representations and agreements:

1. As of the date this certification is made by me, I am at least 19 years of age but have not yet reached age 26.
2. As of the date this certification is signed by me, I am not eligible to participate (as defined below) in any employer-sponsored group health plan, either through my own employment or my spouse's employment (if I am married). I understand that this does not apply to eligibility under a group health plan maintained for either of my parents.

"Group health plan" means any plan, policy, or program that provides benefits or coverage for hospital or medical services. "Eligible to participate" means that I could participate but have chosen not to be covered.

3. I agree that if I ever become eligible to participate in a group health plan (other than as a dependent of a plan of one of my parents), but I choose not to participate in that plan, I will promptly notify the Fund at:

Professional Musicians Local 47 and Employers Health and Welfare Fund  
c/o PacFed Benefit Administrators, Inc.  
1000 N. Central Avenue, Suite 400  
Glendale, CA 91202

4. I understand that if any time prior to age 26 I am eligible to participate in a group health plan (other than as a dependent of a plan of one of parents) but I choose not to participate, then I cannot receive any benefits from the Fund. If I receive such benefits while so eligible, I agree to promptly repay all such benefits to the Fund. Further, if any lawsuit is brought against me to recover any portion of the fore described benefits then I agree to pay the Fund's reasonable attorneys' fees and costs in such lawsuit.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Dependent's Signature

**AGREEMENT BY PARENT PARTICIPANT:**

I, \_\_\_\_\_ [ print parent's name ] am the parent of the child who is making the above certification, and by reason of my employment I am a participant in the Fund.

I have read this form and the representations made by my dependent and agree with those representations and also agree to be liable for benefits, if by reason of misrepresentation or non-communication to the Fund, benefits were extended when the dependent should not have been eligible for them.

I agree to be jointly and severally liable for the repayment of any benefits, including attorneys' fees and costs that are described in Paragraph 4 of the above certification.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_