



Washington Suburban Sanitary Commission

To verify Group Insurance Eligibility for your Dependent Child Age 19-26

Follow these steps:

1. Complete the Affidavit of Qualified Dependent Child Age 19-26 (on reverse side of this document) and have it notarized.
2. Complete the Affidavit for **each newly enrolled** Dependent Child Age 19-26. This document is not required more than once per child.
3. Provide one of the required documents listed below, even if previously provided:
 - Copy of the Dependent Child Age 19-26's official State birth certificate* (must show employee/retiree or spouse), **OR**
 - Copy of the final adoption decree* signed by judge (must show employee/retiree or spouse), **OR**
 - Copy of the court order confirming the employee/retiree has permanent legal custody.

*For a *stepchild*, also provide a copy of the official State marriage certificate.

4. Hand-deliver or mail the complete packet of all required documentation to:

WSSC
Human Resources, Benefits Office
14501 Sweitzer Lane, 6th Floor
Laurel, MD 20707

Note: Faxes and scanned/mailed documents cannot be accepted; original notarized documentation is required. For your records, make a copy of all documentation that you submit.



Washington Suburban Sanitary Commission
Affidavit of Qualified Dependent Child Age 19-26
For each newly enrolled Dependent Child Age 19-26

Member (Employee or Retiree) Last Name First Name MI Social Security Number

Child's Last Name First Name MI Social Security Number

Child's Date of Birth: ___ / ___ / ___ **Child's Gender:** Male Female

Relationship: Biological child Adopted child Stepchild Legal guardianship
Enroll my child in my: Medical plan Dental plan (check one or both)

Required Documents

1. Affidavit of Qualified Dependent Child Age 19-26 (notarized original required), **AND**
2. Check and provide **ONE** of the following (even if previously provided):
 - Copy of child's official State birth certificate* (must show employee/retiree or spouse),
OR
 - Copy of final adoption decree* signed by judge (showing employee/retiree or spouse)
OR
 - Copy of court order confirming the employee/retiree has permanent legal custody.
**For a stepchild, also provide a copy of the official State marriage certificate.*
3. For Retirees only, the Washington Suburban Sanitary Commission Retiree Benefits Enrollment Form.

I understand that:

- o Enrollment for benefits to which my dependents or I am not entitled is considered fraud.
- o If I willfully misrepresent the eligibility of myself or my dependents, fail to take the necessary action to remove ineligible dependents, or in any way obtain benefits to which my dependents are not entitled, my benefits will be canceled, I will be required to repay any claims which have been paid inappropriately, and I may face charges or dismissal from WSSC service.
- o WSSC reserves the right to request additional documentation.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, and belief.

✍

Signature of Member

Date

Subscribed and sworn to before me this _____ day of _____ 20__.

Notary Public

My commission expires

⇒ **Notarize and return to:** HR Department, Benefits Office • 14501 Sweitzer Lane, 6th Floor • Laurel, MD 20707

This section to be completed by HR:

Date received by HR: ___/___/___ Processed by: _____ Coverage effective: ___/___/___