GENERAL AFFIDAVIT

STATE OF)
) SS.
COUNTY O	F)
named County, Stat Affidavit upo	SONALLY came and appeared before me, the undersigned Notary, the within, who is a resident of, and makes this his/her statement and General on oath and affirmation of belief and personal knowledge that the following its and things set forth are true and correct to the best of his/her knowledge:
	hereby attest that my child,
	, is not eligible for Medicare Part B. I understand that my child is
eligible for re	egular or disability Medicare Part B if he/she meets the following:
 6: U ai fil Medi In bi ai In 	lar Medicare Part B eligibility requirements: 5 years of age or older and a US resident, S citizen or an alien who has been lawfully admitted for permanent residence and has been residing in the US for five continuous years prior to the month of an application with Medicare. Care Part B eligibility due to disability requirements adividuals entitled to monthly Social Security or Railroad Retirement Board benefits on the basis of disability are automatically entitled to Medicare Part A after receiving disability benefits for 24 months, adividuals who are eligible for premium free Medicare Part A are also eligible for ledicare Part B.
Medicare Pa Administrativ enroll my de Employer-U	I that enrollment of a dependent of a retiree or surviving spouse of a retiree, in art B is required by the Hawaii Employer-Union Health Benefits Trust Fund we Rules. Should my dependent child become eligible for Medicare Part B, I will pendent child in Medicare Part B and provide proof of enrollment to the Hawaii nion Health Benefits Trust Fund. the day of
	Signature of Affiant
SWORN to a	and subscribed before me, this the day of, <u>20</u> .
	NOTARY PUBLIC
My Commission	on Expires: