



# SERGEANTS BENEVOLENT ASSOCIATION

35 Worth Street  
New York, NY 10013  
212-431-6555  
212-431-6487 (Fax)

## STATEMENT OF DEPENDENCY

### ☐ **ADD STEPCHILD**

Complete ALL sections.

Provide the SBA with a copy of  
your stepchild's birth  
certificate, as well as a copy of  
your marriage certificate to  
your stepchild's natural parent.

### ☐ **DROP STEPCHILD**

Complete sections 1, 3 & 5.

### ☐ **ADD ADOPTED CHILD**

Complete ALL sections.

Provide the SBA with a valid  
court or clerk certified legal  
adoption certificate or proof of  
the legal adoption proceedings.

A separate form must be completed for each child.

The member is personally liable for all incurred costs/expenses if at any time it is determined that  
the child was ineligible for coverage.

### SECTION 1: MEMBER INFORMATION

Member Name \_\_\_\_\_ Member Tax ID# \_\_\_\_\_  
Last Name, First Name, Middle Initial

Member Address \_\_\_\_\_ Apt # \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code

Member Email \_\_\_\_\_ Member Phone # \_\_\_\_\_

### SECTION 2: SPOUSE INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

### SECTION 3: DEPENDENT CHILD NAME & DATE OF BIRTH

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### SECTION 4: DEPENDENT CHILD BENEFIT INFORMATION

1. What percentage of support do you provide? \_\_\_\_\_
2. Does the child reside in your home? \_\_\_\_\_ Effective Date \_\_\_\_\_
3. Is the child eligible for prescription/dental/optical benefits from your spouse? **YES / NO**  
If YES: Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Description of Benefits \_\_\_\_\_
4. Is the child eligible for prescription/dental/optical benefits from any other source? **YES / NO**  
If YES: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Description of Benefits \_\_\_\_\_
5. Is there any other action seeking court assistance in obtaining health benefits for the child (i.e. Qualified Medical Support under Federal ERISA Mandates, Divorce Agreement, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 5: MEMBER SIGNATURE & NOTARY INFORMATION

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
By signing your name here, you certify that the information you entered is accurate.

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_