Dependent Child Tax Affidavit

Name of Employee/Retiree: _____
Last First M.I.

Employee/Retiree Social Security Number: ___ ___ ___ - ___ ___- ___ ___ ___ ___

Name of Dependent Child: _____
Last First M.I.

Dependent's Date of Birth: ___ ___ /___ ___ / ___ ___ ___ ___

Dependent's Social Security Number ___ ___ ___ - ___ ___ -___ ___ ___ ___

I, _____, hereby affirm that this
(Print full name of State of Maryland Employee/Retiree)
child, _____, is qualified for coverage under the State Employee and Retiree
(Print full name of dependent child)
Health and Welfare Benefits Program, because he/she is less than 26 years of age and meets at least one (1) of the following criteria **(Please check only one box)**:

- ☐ Dependent is my biological child OR my adopted child OR a child placed with me for adoption by me.
- ☐ Dependent is my stepchild.
- ☐ Dependent is my grandchild, is unmarried and permanently resides with me.
- ☐ Dependent is my legal ward, testamentary, or court appointed guardian (not temporary for less than 12 months) is unmarried and permanently resides with me.
- ☐ Dependent is my step-grandchild or other dependent child relative, is unmarried and permanently resides with me. (* ***Sole Support Affirmation*** required— see box below.)
- ☐ Dependent is my over age 26 child and is incapable of self-support due to a mental or physical incapacity that occurred prior to age 26.

I agree that if this dependent's status changes, I will notify my Agency Benefit Coordinator (Retirees, please notify the Employee Benefits Division) immediately to remove this dependent from my coverage. I certify that this information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted. I also agree to provide the required documentation as outlined on the **DEPENDENT CHILD DOCUMENTATION CHECKLIST** which will substantiate the information above.

_____ Date: ____/____/_____
Signature of State of Maryland Employee/Retiree

Sole Support Affirmation*

☐ I certify by my signature above that the dependent child listed on this form is supported solely by me.