



# VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN & HOUSE STAFF BENEFITS PLAN

## AFFIDAVIT

STATE OF

ss:

COUNTY OF

\_\_\_\_\_ being duly sworn, deposes and says:  
*Print Participant's Name*

1. I, \_\_\_\_\_,  
*Print Participant's Name*

reside at \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

2. I am a participant in the House Staff Benefits Fund ("Fund").

My Member ID number is \_\_\_\_\_  
*Member ID# starts with 900*

Hospital Name \_\_\_\_\_.

3. I submit this form for the purpose of enrolling my dependent(s),

\_\_\_\_\_, in the Fund's coverage.  
*Dependent Name*

\_\_\_\_\_  
*Dependent Name*

\_\_\_\_\_  
*Dependent Name*

\_\_\_\_\_  
*Dependent Name*



# VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN & HOUSE STAFF BENEFITS PLAN

4. I understand that the Fund will rely on the information sworn to in this Affidavit to enroll my dependent(s) in the Fund's coverage.

5. I am unable to locate the following document(s) required by the Fund in order to enroll my dependent(s) in the Fund's coverage (*check all that apply*):

Birth Certificate

Adoption or Guardianship Papers

Marriage Certificate

Domestic Partner Certificate

6. I am unable to obtain the document(s) that I selected above for the following reason(s) (*provide an explanation for each missing document*):

7. I affirm that I have made a good faith effort to locate the document(s) that I have listed as missing in Question #5, above.

8. If I obtain the document(s) that I have listed as missing in Question #5, above, I will promptly provide the document(s) to the Fund.

9. If in reliance on this Affidavit, the Fund provides benefits to my dependent(s) listed in Question #3, and it is determined that they are not eligible dependent(s) under the terms of the Fund's plan of benefits, I agree to promptly reimburse the Fund in full for the cost of any benefits paid in error, plus attorneys' fees and costs.



# VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN & HOUSE STAFF BENEFITS PLAN

I declare under penalty of perjury to the best of my knowledge that the foregoing is true and correct.

\_\_\_\_\_  
*Participant's Signature*

Sworn to and subscribed before me

day of \_\_\_\_\_, 20\_\_

Notary Public

\_\_\_\_\_  
My commission expires: \_\_\_\_\_