

DEPENDENT CHILD CERTIFICATE

I, _____ SS# _____
a Participant in the Plumbers' Welfare Fund, Local 130, U.A.,
certify that:

1. _____, ("the Child")
D.O.B. _____ SS# _____ is a member
of my household and dependent upon me for support and
maintenance. A copy of the Child's Birth Certificate is
attached.
2. No other person has a legal obligation to support the
Child or to pay or help pay all or any part of the Child's
medical and dental expenses;
3. The Child's medical and dental expenses are not payable or
reimbursable by or through any federal, state, municipal,
or other governmental agency;
4. The Child is my dependent for Federal income tax purposes
within the meaning of Section 152 of the Internal Revenue
Code. Upon request, I agree to furnish to the Fund copies
of my Federal Income Tax returns showing that the named
Child is my dependent.

I am making this certification for the purpose of securing coverage
under the Technical Engineers Welfare Plan for the above named
Child, and I agree that if any of the certified facts are not
correct, I will immediately reimburse the Technical Engineers
Welfare Fund the amount of medical benefits paid on behalf of said
Child. I further understand that I may be required from time to
time to furnish proof that the Child is my dependent for federal
income tax purposes.

Date _____ Signature _____