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**M.M.& P. HEALTH and BENEFIT PLAN
AFFIDAVIT FOR DEPENDENT CHILD**

YOU ARE REQUIRED TO COMPLETE **ALL** QUESTIONS IN THIS FORM (FRONT AND BACK). SUBMIT TO THE PLAN OFFICE **ALL** DOCUMENTATION REQUESTED, A SEPARATE AFFIDAVIT SHOULD BE COMPLETED FOR EACH "DEPENDENT CHILD." A DETERMINATION WILL BE MADE AS TO YOUR DEPENDENT'S ELIGIBILITY TO COVERAGE UPON RECEIPT OF **ALL** DOCUMENTATION REQUESTED.

- > A NEW AFFIDAVIT IS REQUIRED EVERY SIX (6) MONTHS FOR DEPENDENT CHILDREN OVER AGE 19 CLAIMING FULL-TIME STUDENT STATUS. *****FULL TIME STATUS IS 12 OR MORE CREDITS.*****
- > A NEW AFFIDAVIT IS REQUIRED EVERY YEAR FOR DEPENDENT CHILDREN (OTHER THAN NATURAL CHILDREN).

PART I

EMPLOYEE'S NAME: _____ SOCIAL SECURITY NO: _____

- Active Offshore Employee Pensioner – Effective Date of Pension: _____
 Pilot – Branch No: _____ CNW _____ Other: _____

> DEPENDENT'S FULL NAME: _____ SOCIAL SECURITY NO: _____

> Date of birth: _____

Please complete the following information:

- a) Relationship: Natural Child Adopted Child Legal Guardianship Stepchild
- b) Is this Dependent married? Yes No
- c) Is there a medical bill for your Dependent? Yes No
 Was the above your Dependent at the time the expense was incurred? Yes No
- d) Does this Dependent depend upon you for support? Yes No
- e) Does this Dependent currently reside in your home? Yes No
- f) Is this Dependent currently listed on your M.M.& P. Permanent Data Form? Yes No
- g) Have you claimed this Dependent on your Federal Income Tax Return for the preceding calendar year? Yes No
- h) Does this Dependent have any income? Yes No
- i) Is this Dependent under 23-years-of-age and a full-time student? Yes No

If yes, name of college/university Dependent is attending: _____

Address: _____

AFFIDAVIT FOR DEPENDENT CHILD

I hereby certify that the above answers are true and complete to the best of my knowledge and belief.

I understand that if insufficient or incomplete documentation is submitted, the Plan Office will be unable to make a determination concerning my Dependent's eligibility to benefits under the M.M.& P. Health and Benefit Plan.

(DATE)

(SIGNATURE)

PART II – SUPPORTING DOCUMENTS

The Plan will only consider eligibility for this Dependent if proof acceptable to the Trustees is submitted by an Employee on behalf of his/her Dependent through the Plan Office.

The following applicable documents must accompany this Affidavit:

1. Income Tax Return Form 1040 for the preceding calendar year.
 2. If Dependent is Adopted, Adoption Papers are required.
 3. If Dependent is a Stepchild, Spouse's Divorce Decree and Proof of Custody, and who provides Health *and* Benefit coverage are required.
 4. If Dependent is a Full-Time Student, School Registration (covering period during which expense was incurred).
 5. If Dependent is a Stepchild, Court Order indicating the named Legal Guardian.
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PART III – M.M.& P. HEALTH *and* BENEFIT PLAN RULES

The following are excerpts of the Plan's provisions application to Dependents:

"The term 'Dependent' shall mean:

A. Child or Children

1. Each natural child of an Eligible Employee or Pensioner, unmarried and under 19 years of age;
 2. The term "Child" shall also include an adopted child or stepchild, unmarried and under 19 years of age, who is a member of the Eligible Employee's or Pensioner's household and dependent on him for support;
 3. The term "Child" shall include a child under 23 years of age who is unmarried, a full-time student and dependent on the Eligible Employee or Pensioner for support. Effective January 1, 2002, a full-time student "shall mean a student attending full-time any accredited educational institution or licensed vocational school.
 4. The term "Child" shall include any unmarried child under the age of 19 for whom the Participant has been named the legal guardian by court order.
 5. Payment of benefits hereunder to a Child in the event the parents are divorced or separated, shall be governed by the provisions of Article V, Section 3 (C) (2) herein.
 6. A person can be the Child of a Pensioner only if such person was born, adopted or qualified under the definition of (2) above prior to the Pensioner's pension effective date."
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