

AFFIDAVIT FOR DISABLED DEPENDENT

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. A DETERMINATION WILL BE MADE AS TO YOUR DEPENDENT'S ELIGIBILITY TO COVERAGE UPON RECEIPT OF ALL DOCUMENTATION.

A NEW AFFIDAVIT IS REQUIRED EVERY YEAR.

PART I

EMPLOYEE'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

    / Active Offshore Member  
    / Pensioner - Effective Date of Pension \_\_\_\_\_  
                  Co-Pay     / - Continuation of Coverage     /  
    / Pilot - Branch No. \_\_\_\_\_  
    / Other \_\_\_\_\_

> DEPENDENT'S FULL NAME \_\_\_\_\_  
> SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

> a) Please complete the following information:

Relationship \_\_\_\_\_     / ADOPTED  
  / NOT ADOPTED  
  / LEGAL GUARDIANSHIP

> b) Was the above your Dependent at the time the expense was incurred YES \_\_\_\_\_ NO \_\_\_\_\_

> c) Does this Dependent currently reside in your home YES \_\_\_\_\_ NO \_\_\_\_\_

> d) Does this Dependent fully depend upon you for support YES \_\_\_\_\_ NO \_\_\_\_\_

> e) Is this Dependent currently listed on your M.M.& P. Beneficiary Card YES \_\_\_\_\_ NO \_\_\_\_\_

> f) Have you claimed this Dependent on your Federal Income Tax Return for the preceding calendar year YES \_\_\_\_\_ NO \_\_\_\_\_

    If YES, list year(s) \_\_\_\_\_

> g) Is this Dependent unmarried YES \_\_\_\_\_ NO \_\_\_\_\_

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PART II

DISABILITY INFORMATION

Accident YES \_\_\_\_\_ NO \_\_\_\_\_  
Birth Defect (Congenital Condition) YES \_\_\_\_\_ NO \_\_\_\_\_

FULL DESCRIPTION OF DISABILITY

a) Bedridden YES \_\_\_\_\_ NO \_\_\_\_\_  
b) Paralyzed YES \_\_\_\_\_ NO \_\_\_\_\_  
c) Other (Please described) \_\_\_\_\_  
\_\_\_\_\_

d) When did this disability begin \_\_\_\_\_  
(Date)

e) Extent of your Dependent's physical activities \_\_\_\_\_  
\_\_\_\_\_

f) Is this Dependent involved in any occupation YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, state yearly income \$ \_\_\_\_\_

\* \* \* \* \*

PART III

MEDICARE INFORMATION

The Trustees of the M.M.&P. Health & Benefit Plan require that all disabled Dependents file for Medicare. Please complete the following information:

Is this Dependent covered under Medicare YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, attach copy of Medicare Card and effective date.

If NO - You must file immediately and submit copies of approval or denial.

(ONLY UPON RECEIPT OF THIS INFORMATION WILL A DETERMINATION BE MADE AS TO YOUR DEPENDENT'S ELIGIBILITY.)

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PART IV

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. Please submit documents checked to complete your application.

- 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 step-child, Spouse's Divorce Decree and Proof of Custody, and who provides Health and Benefit coverage are required.
- 4) Copy of Medicare Enrollment Card.
- 5) Court Order indicating the named legal guardian.
- 6) Proof of Disability - Physician's statement\* stating full details of disability, medical reports, etc.

\*Please note that your physician is not required to make a determination that your Dependent is disabled. He is only required to state nature of disability and when it began. Our Medical Plan Consultant will make this decision.

\* \* \* \* \*

I hereby certify that the answers provided 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 & Benefit Plan.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

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### PART V

#### M.M. & P. HEALTH & BENEFIT PLAN RULES

Following are excerpts of Plan provisions applicable to Disabled 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 step-child, 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;
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. Coverage for any child eligible under this paragraph 4 shall exclude, for the life of the child, coverage for any pre-existing conditions. A pre-existing condition for the purposes of this paragraph 4 shall include any illness, disease or injury for which treatment was received or expense incurred for services or supplies of the type covered by this Plan at any time preceding the effective date of coverage.
5. The term "Child" shall include any person who, while covered as a Child as defined above, became and continues to be Totally and Permanently Disabled, provided the Eligible Employee's or Pensioner's eligibility herein does not terminate. For purposes of this subsection, Totally and Permanently Disabled shall mean a disabling condition resulting from non-occupational injury or non-occupational disease which (1) prevents the individual from engaging in substantially all of the normal activities of a person of like age and sex in good health, and (2) renders the individual incapable of self-support. In no event, shall coverage under this section continue beyond the earlier of (1) termination of the Eligible Employee's or Pensioner's eligibility under this Plan, (2) the individual becoming covered by any other group health benefit plan or policy or (3) the individual no longer being wholly dependent upon the Eligible Employee or Pensioner for financial support.
6. 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.
7. 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.