Alaska Electrical Health & Welfare Fund
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576

STEP/FOSTER CHILD QUESTIONNAIRE

PURPOSE FOR COMPLETING FORM ☐ Initial Enrollment ☐ Change in custody

EMPLOYEE IDENTIFICATION

_____ _____
First Name Initial Last Name SSN

NAME OF CHILD

_____ _____ _____ _____ _____
First Name Initial Last Name SSN Date of Birth Sex Relationship to Participant

1. Do you have full care and custody of this child? ☐ **Yes** ☐ **No** If "No", please explain:_____

_____

2. Does this child reside in your home permanently? ☐ **Yes** ☐ **No** If "No", please explain:_____

_____

3a. Under what circumstances did you undertake the care and custody of this child? _____

_____

_____

3b. Date this care and custody began? _____

3c. Has it been continuous since this date? ☐ **Yes** ☐ **No** If "No", please explain: _____

_____

4. Do you regularly provide the support of this child? ☐ **Yes** ☐ **No** If "No", please explain:_____

_____

4. Is this child claimed as a dependent by you for Federal Income Tax Purposes? ☐ **Yes** ☐ **No**

If "No", please explain:_____

5. If there is any other pertinent information not covered above, please explain:_____

_____

If you have not already done so, please attach true copies of appropriate custody decrees or divorce decree. This information will be used to determine eligibility for claim/benefit purposes.

I hereby certify that the above information is true, correct and complete to the best of my knowledge.

_____ _____
Employee Signature Date

THE FOLLOWING SECTION MUST BE COMPLETED BY THE ADMINISTRATIVE OFFICE OF THE TRUST FUNDS:

Plan #_____ Date_____ By:_____

Eligibility is: ☐ Approved ☐ Denied Date_____ By:_____