



# Dependent Child Tax Affidavit

Name of Employee/Retiree: \_\_\_\_\_  
Last First M.I.

Employee/Retiree Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Dependent Child: \_\_\_\_\_  
Last First M.I.

Dependent's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Dependent's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that this  
*(Print full name of State of Maryland Employee/Retiree)*  
child, \_\_\_\_\_, is qualified for coverage under the State Employee and Retiree  
*(Print full name of dependent child)*

Health and Welfare Benefits Program, because he/she is less than 26 years of age and meets at least one (1) of the following criteria **(Please check only one box)**:

- Dependent is my biological child OR my adopted child OR a child placed with me for adoption by me.
- Dependent is my stepchild.
- Dependent is my grandchild, is unmarried and permanently resides with me.
- Dependent is my legal ward, testamentary, or court appointed guardian (not temporary for less than 12 months) is unmarried and permanently resides with me.
- Dependent is my step-grandchild or other dependent child relative, is unmarried and permanently resides with me. (\* **Sole Support Affirmation** required— see box below.)
- Dependent is my over age 26 child and is incapable of self-support due to a mental or physical incapacity that occurred prior to age 26.

I agree that if this dependent's status changes, I will notify my Agency Benefit Coordinator (Retirees, please notify the Employee Benefits Division) immediately to remove this dependent from my coverage. I certify that this information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted. I also agree to provide the required documentation as outlined on the **DEPENDENT CHILD DOCUMENTATION CHECKLIST** which will substantiate the information above.

\_\_\_\_\_  
Signature of State of Maryland Employee/Retiree

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Sole Support Affirmation\*

I certify by my signature above that the dependent child listed on this form is supported solely by me.