



Reference number: _____

Affidavit of Current Marital Status

Before me, _____, a Notary Public in and for said County, in said State, personally appeared _____ and _____

who are known to me and who, being duly sworn, depose and say as follows:

1. We are currently married in the jurisdiction indicated below. All appropriate marriage certification documentation has been filed in the jurisdiction in which the marriage occurred.
2. We both agree to notify the Plumber's Local No. 1 Welfare Fund Office within 30 days if there is any change in our marital status that would make my spouse no longer qualified for benefits. We further acknowledge that former spouses are not eligible for coverage under the Plumber's Local No. 1 Welfare Fund (the "Fund") unless timely notification is provided to the Fund and such former spouse timely elects for and pays for COBRA continuation coverage.
3. We certify under penalty of perjury, that the forgoing is true and correct.
4. We understand that falsification of information on this Affidavit which results in the Fund providing any benefits to an individual who is not eligible for benefits from the Fund, such as someone who is incorrectly identified as a current spouse, will result in the permanent loss of coverage, whether Active or Retiree coverage, and the coverage of the participant and all dependents under the Fund will terminate until the full amount of benefits improperly paid plus interest and collections costs is reimbursed in full to the Fund and may also result in legal action against the participant and individual who received benefits to which he/she was not entitled.

Date of Marriage

State/Country of Marriage

Name of Participant

(please print)

Signature of Participant

Date

Name of Spouse (please print)

Signature of Spouse

Date

THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED, AND SEALED BY A NOTARY PUBLIC.

Subscribed and sworn to before me this _____ day of _____, 20____.

[NOTARY SEAL]

My commission expires:

_____ 20____

_____ County _____ State

IMPORTANT: Please fax this completed form and related documentation to the Fund Office at 718-641-8155. Documents can also be mailed to the Plumbers Local Union No. 1 Welfare Fund, Dependent Verification, 50-02 Fifth Street, Long Island City, NY 11101. If you have questions or require additional information, please contact the Fund Office at 718-835-2700.