



OFFICE OF LABOR RELATIONS Management Benefits Fund

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nyc.gov/olr



DEPENDENT ELIGIBILITY FORM FOR YOUNG ADULT CHILDREN (AGES 19-26 ONLY)

This form only can be used to enroll young adult dependents (ages 19-26) who are not already enrolled under an MBF member. All other dependents must be included on MBF Form 1060. Please contact your Agency Benefits Office to obtain an MBF Form 1060

MEMBER INFORMATION

LAST NAME:		FIRST NAME:		MI:
SOCIAL SECURITY#:	AGENCY NAME:			
ADDRESS (NUMBER AND STREET):				APT:
CITY:			STATE:	ZIP CODE:

DEPENDENT INFORMATION

Definition of dependent: Dependent children include natural and adopted children, and children for whom you are the legal guardian, up to age 26. Please note that there are no financial dependency, residency, student status or marital status requirements for dependents.

1.	SOCIAL SECURITY NUMBER:	DATE OF BIRTH: / /	RELATIONSHIP:	
	LAST NAME:		FIRST NAME:	MI:
I AM ATTACHING THE FOLLOWING AS PROOF OF DEPENDENCY: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> ADOPTION AGREEMENT <input type="checkbox"/> COURT ORDER ESTABLISHING GUARDIANSHIP				

2.	SOCIAL SECURITY NUMBER:	DATE OF BIRTH: / /	RELATIONSHIP:	
	LAST NAME:		FIRST NAME:	MI:
I AM ATTACHING THE FOLLOWING AS PROOF OF DEPENDENCY: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> ADOPTION AGREEMENT <input type="checkbox"/> COURT ORDER ESTABLISHING GUARDIANSHIP				

3.	SOCIAL SECURITY NUMBER:	DATE OF BIRTH: / /	RELATIONSHIP:	
	LAST NAME:		FIRST NAME:	MI:
I AM ATTACHING THE FOLLOWING AS PROOF OF DEPENDENCY: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> ADOPTION AGREEMENT <input type="checkbox"/> COURT ORDER ESTABLISHING GUARDIANSHIP				

MEMBER SIGNATURE

I certify that my dependent(s) meets the requirements for eligibility as a dependent and that all of the above information is correct.

SIGNATURE:	DATE: / /
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MBF ADMINISTRATIVE OFFICE USE ONLY		
PROCESS DATE	PROCESSED BY	APPROVAL DATE
/ /		/ /
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