

# BAC Local #3 NY Buffalo Chapter Benefit Funds

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## DEPENDENT INFORMATION FORM

This form is to update the Funds Office records for reimbursement/benefit purposes.

**Copies of marriage certificates and birth certificates are now required as back-up.**

*(If you have more than four children, continue on the back of this form.)*

Member's Name: \_\_\_\_\_ Member SS#: \_\_\_\_\_

Member's Birth date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's SS#: \_\_\_\_\_

Spouse's Birth date: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

### DEPENDENT CHILDREN

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Birth date: \_\_\_\_\_ Dependent: M \_\_\_\_\_ F \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Birth date: \_\_\_\_\_ Dependent: M \_\_\_\_\_ F \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Birth date: \_\_\_\_\_ Dependent: M \_\_\_\_\_ F \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Dependent: M \_\_\_\_\_ F \_\_\_\_\_

**I, the undersigned, certify that the above information is correct. I understand that any false information and/or falsified documents I provide may subject me to criminal or civil fraud charges and/or larceny. Penalties for fraud offenses may include imprisonment, fines, probation, and restitution.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_