NOTE: Use these buttons to print or save the form. DO NOT use the browser tool bar. SAVE PRINT

Form 3028

Declaration of Legal Ward as Eligible Dependent

Health Insurance Subscriber:

Last Name	First Name	Z Number

Enrolled Dependent:

Last Name	First Name	Social Security Number

You must complete one form for each Legal Ward enrolled.

Declaration:

I, a Triad Health Plan Subscriber, have the dependent listed above enrolled on my Triad Health Insurance coverage and certify by signing this declaration that he or she meets all the requirements below as defined in the Triad Welfare Benefit Plan for Employees.

1. This enrolled dependent is unmarried and under the age of 18.
2. This enrolled dependent is living with me.
3. This enrolled dependent will receive more than half of his or her support from me during the current tax year and will be claimed as my tax dependent.

- I agree that I will notify the LANL Benefits Office within 31 days if there is any change in the circumstances attested to in this declaration, including any change that disqualifies this dependent as being eligible for Triad Health Plan benefits.
- I understand that falsely certifying such qualification could result in serious consequences, including termination from the Plan.
- I will submit this completed declaration to LANL Benefits Office by required deadlines to have my payroll deductions for health benefits changed during the next applicable pay period.

I declare under penalty of perjury the foregoing is true and correct.

Signature:_____ **Date:**_____

How to Return Your Completed and Signed Declaration Form
(Please keep a copy for your records):

LANL Benefits Office
P.O. Box 1663, MS P280
Los Alamos, NM 87545-0001
Fax to: 505-665-2156
Email to: Benefits@lanl.gov

Form 3028 (5/15)

SAVE PRINT CLEAR FORM