# Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
701 E Tudor Suite 200 • Anchorage, AK 99503
(907) 276-1246 • (800) 478-1246 • Fax: (907) 278-7576
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## STEP/FOSTER CHILD QUESTIONNAIRE

PURPOSE FOR COMPLETING FORM  Initial Enrollment  Change in custody

EMPLOYEE IDENTIFICATION

_____ _____
First Name  Initial  Last Name  SSN

NAME OF CHILD

_____
First Name  Initial  Last Name  SSN  Date of Birth  Sex  Relationship to Participant

1. Is the child a Stepchild or Foster Child?  Stepchild  Foster Child

2. Do you or your spouse have full care and custody of this child?  Yes  No

If "No", please explain:_____
_____

3. Under what circumstances did you undertake the care and custody of this child? _____
_____

4. Date this care and custody began? _____

5. Has your care and custody been continuous since this date?  Yes  No

If "No", please explain: _____
_____

6. If the child is a foster child, was the child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction?  Yes  No

7. If there is any other pertinent information not covered above, please explain: _____
_____

If you have not already done so, please attach true copies of appropriate custody orders, judgments and/or decrees. This information will be used to determine eligibility for claim benefit purposes.

I hereby certify that the above information is true, correct and complete to the best of my knowledge.

_____ _____
Employee Signature  Date

THE FOLLOWING SECTION MUST BE COMPLETED BY THE ADMINISTRATIVE OFFICE OF THE TRUST FUNDS:

Plan # _____ Date _____ By _____
Eligibility is: ☐ Approved ☐ Denied  Date _____ By _____



GCC/IBT 722C