

Adult Child Health Insurance Coverage Affidavit

Acknowledgement

By signing below, you agree that:

- a. any misrepresentations or false statements in this document can mean you are liable for any benefits your adult child wrongly received under MATC's health, dental and/or vision insurance plans and may be subject to disciplinary action.
- b. you will notify MATC within 30 calendar days from the date on which your adult child:
 - i. is married, or
 - ii. reaches age 27, or
 - iii. obtains employer-provided health, dental and/or vision insurance coverage that is less expensive than your additional premium contribution for adding your adult child under MATC's health, dental and/or vision insurance plans.

MATC Employee Signature

Date

MATC Employee Name (Print)