



BENEFITS

YOUR HEALTH YOUR WEALTH YOUR JOB

DECLARATION OF PLAN ELIGIBILITY FOR FOSTER CHILD(REN)

I. EMPLOYEE INFORMATION

Employee Name

Employee #

II. DECLARATION:

I, _____ (Employee Print Name
Clearly)

declare that my foster child(ren) are eligible for benefits under the Costco Employee Benefits Program.

III. FOSTER CHILDREN

The following foster child(ren) meets each of the requirements listed below (please list only those foster child(ren) who qualify):

Name of Child	Date of Birth	Date Began Living with Employee

IV. STATUS:

The above foster child(ren) satisfy **ALL** of the following requirements:

1. The child lives with me in a parent-child relationship which I expect to be permanent.
2. The child relies on me for their principal support.
3. The child must be under age 21 (or a full-time student between ages 21 and 23);
4. The child is not already eligible for coverage as my natural or adopted son or daughter, as my stepchild, as the child of my Domestic Partner or as a dependent I have legal guardianship of.

All of the following documents must be provided (if available)*:

1. I have attached a copy of my last two (2) Income Tax Returns showing that I am claiming the foster child(ren) as my dependent for tax purposes.
2. I have attached evidence from the foster child(ren)'s school of who is the responsible party and who to contact in case of emergency;
3. I have attached copies of any court orders that grant custody of the foster child(ren).

* If any of the above documents are not available you must provide a written explanation as to why they are not available.

All supporting documentation must be in English. If it is not in English and Costco is unable to determine the content of the document, then the employee will be required to provide a certified translation of the document at their own expense.

V. CHANGE IN STATUS:

1. I have an obligation to notify Costco by filing a Declaration of Termination of Plan Eligibility for Foster Child if there is any change in status as attested to in this Declaration that would terminate this Declaration. I will notify Costco within thirty (30) days of such change. Failure to so notify Costco may result in termination of employment, as explained in the Employee Agreement.
2. I understand that any benefits obtained as a result of the completion of this Declaration will terminate on the date the children no longer qualify for benefits, if Costco is notified or not. I agree to repay the Program for any benefits paid after that time.

VI. ACKNOWLEDGMENTS:

1. I understand that a civil action may be brought against me for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify Costco of changed circumstances as required in Section IV above.
2. I have provided the information in this Declaration for use by Costco for the purpose of determining eligibility for Program benefits. I understand that the information provided in this Declaration will be treated as confidential by the Program but will be subject to disclosure; a) upon my written authorization, b) for treatment, payment, or health care operations of the Program, or c) if otherwise required by law.
3. I understand that this Declaration may have legal and tax implications, and that before signing this Declaration I should seek competent legal advice concerning such matters.
4. **I understand that Costco will treat the receipt of benefits by a foster child who is not qualified for Program benefits as taxable income to me. That additional income will be reported.**
5. **I agree to repay the Program for benefits paid on behalf of a foster child who is not qualified for Program benefits.**
6. I declare under penalty of perjury under the laws of the United States America and the laws of Puerto Rico, that the foregoing is true and correct.
7. I understand that §1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified by a welfare benefit plan administrator. I further understand that the punishment for violations of this law can be **a fine of up to \$10,000.00 and imprisonment for as long as five years.**
8. I further understand that falsification of information in this Declaration, or failure to notify the Costco Employee Benefits Program of changed circumstances pursuant to Section IV above, may lead to disciplinary action against me, including discharge from employment.

Employee Name & Employee Number- Print

____ / ____ / ____
Date of Birth

Employee - Signature

____ / ____ / ____
Date