



BENEFITS

YOUR HEALTH YOUR WEALTH YOUR JOB

DECLARATION OF PLAN ELIGIBILITY FOR STEPCHILD

I. DECLARATION:

I, _____ declare that my stepchildren are eligible for benefits under the Costco Employee Benefits (Employee Print Name Clearly) Program.

II. CHILDREN OF SPOUSE

The following children of my spouse meets each of the requirements listed below (please list only those children who qualify):

Name of Child	Date of Birth

III. STATUS:

The above children satisfy **ALL** of the following requirements:

1. The child must rely on you for their principal support, and be eligible to be claimed as a dependent on your federal tax return;
2. The child must be under age 19 (or a full-time student between ages 19 and 23);
3. The child must live with you for more than 9 months of the year;
4. Your spouse must act as primary custodial parent;
5. You must have a parent-child relationship with the child, which you expect to be permanent;
6. Your home must be the child's primary residence

IV. CHANGE IN STATUS:

1. I have an obligation to notify Costco by filing a Declaration of Termination of Program Eligibility for Stepchildren 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.

V. 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 stepchild 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 stepchild 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 the State of _____ *[insert state]*, 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