

AFFIDAVIT

STATE OF )  
 ) ss:  
COUNTY OF )

NAME [ ] being duly sworn, deposes and says:

1. I am an employee of or have retired from [circle appropriate description] the New York City Transit Authority or MaBSTOA.
2. I make this affidavit based on personal knowledge and under penalties of perjury.
3. My spouse [PRINT SPOUSE'S NAME] \_\_\_\_\_, is covered by my health insurance plan and is currently eligible to receive health benefits as a dependent on my plan.
4. I understand that pursuant to the Dependent Eligibility Verification Audit I have been requested to provide documentation to demonstrate my spouse's continuing eligibility as a dependent on my health plan.
5. I am unable to provide a copy of the top half of the front page of my 2009 or 2010 federal tax return that includes my spouse (with financial information blacked out); nor can I provide any of the following alternate documentation of joint ownership, dated no earlier than February 1, 2010, specified in the audit request:
  - Joint checking or savings account
  - Mortgage payment or lease agreement
  - Homeowner's insurance bill
  - Property tax bill (home or auto)
  - Car payment or insurance bill
  - Credit card bill
  - Loan payment
  - Electric, gas, water, trash or sewer bill

- Cable, satellite, phone or internet bill
- My will designating my spouse as primary beneficiary (or my spouse's will designating me as primary beneficiary)
- My employment retirement plan designating my spouse as primary beneficiary (or my spouse's employment retirement plan designating me as primary beneficiary)
- Any other acceptable documentation demonstrating current joint ownership.

6. Despite my inability to produce any of the necessary documentation, I hereby affirm, under penalties of perjury, that my spouse and I are currently married and that we are not legally separated or divorced.

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PRINT EMPLOYEE OR  
RETIREE NAME

Sworn to before me this  
day of 2012

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NOTARY PUBLIC