

AFFIDAVIT

STATE OF)
) ss:
COUNTY OF)

NAME [] being duly sworn, deposes and says:

1. I make this affidavit based on personal knowledge and under penalties of perjury.
2. My spouse [PRINT SPOUSE'S NAME] _____,
is an employee of or is retired from [circle appropriate description] the New York City
Transit Authority or MaBSTOA.
3. I am covered by my spouse's health insurance plan and am currently eligible to
receive health benefits as a dependent under the plan.
4. I hereby affirm that my spouse and I are married. We are not legally separated or
divorced.

PRINT SPOUSE'S NAME

Sworn to before me this
day of 2012

NOTARY PUBLIC