



**Administered by NEBA, Inc.**  
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# Affidavit

## Confirming the Validity of Dependent(s)

I, \_\_\_\_\_, do hereby attest  
(Name)

and confirm that the following individual(s) are my legitimate dependent(s) according to the definition of "Dependent" in the Plan Document.

_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)

### Board of Trustees

IAFF Tampa Firefighters Local 754

Andrew Carter, Chairman  
Wesley Adwell, Secretary  
Walter Hill



Tampa Police Benevolent Association, Inc.

Justin Martens, Vice Chairman  
Jim Snell  
Michael McNamara

I hereby state that the foregoing is true and correct to the best of my knowledge, and that any misrepresentations by me on this Affidavit will be considered to be fraud and will be prosecuted to the full extent of the law.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing Affidavit Confirming the Validity of Dependent(s) was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC

\_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Commission #: \_\_\_\_\_