



**TOWN OF CANTON, MASSACHUSETTS**  
**Human Resource Department**  
**Upper Memorial Hall**  
**801 Washington Street**  
**Canton, Massachusetts 02021**  
**Telephone (781) 821-2936 - Facsimile (781) 575-6602**

**AFFIDAVIT**  
**REGARDING ADULT CHILDREN COVERAGE**  
Ages 19 to age 26

Health Care and Education Affordability Reconciliation Act of 2010

One of the sections of this Act is the requirement to provide coverage for dependent children ages 19 to age 26. The requirement is limited to those adult children without an offer of employer-sponsored coverage. A copy of the dependents birth Certificate must accompany this Affidavit.

Both Subscriber and Dependent must sign and date that the Dependent is not eligible for employer-sponsored coverage.

Subscribers Name (Print): \_\_\_\_\_

Subscribers Name (Sign): \_\_\_\_\_

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

Dependent's Name Print): \_\_\_\_\_

Dependent's Name (Sign): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT: A copy of the dependents birth Certificate must accompany this Affidavit.**