



**ConocoPhillips Medical and Dental Assistance Plan (Plan)
AFFIDAVIT of CHILD DEPENDENCY**

I, _____ (“Employee/Retiree”),
(Employee/Retiree - Print Name)

Employee ID # _____

affirm, under penalty of perjury, that I provide financial support for the child(ren) listed below in accordance with the criteria set forth below and the child(ren) is eligible for coverage as an Eligible Dependent under the Plan.

Child Name: _____

Child Name: _____

Child Name: _____

The child satisfies *all* of the following requirements for purposes of Plan eligibility for benefits:

- (A) The child is my Domestic Partner’s biological or legally adopted (under U.S. law or foreign law) child; and
- (B) The child is under age 26; and
- (C) The child receives over 50% of his/her support from Employee/Retiree for the entire tax year; and
- (E) The child has the same principal place of abode as Employee/Retiree and is a member of your household for the tax year.

Change in Eligibility Status

I will notify the Benefits Center within 30 calendar days of the end of my Domestic Partner’s child’s eligibility under the Plan rules.

Acknowledgements

- (1) Employee/Retiree understands this information will be held confidential and will be subject to disclosure only upon my express written authorization or if otherwise required by law.
- (2) Employee/Retiree understands that declaration of a child who is not an Eligible Dependent under the Plan may have legal and tax implications under federal and state law. I understand that if an Employee/Retiree receives health benefits, including medical, dental, vision, EAP and prescription, for a child, and if that child is not an Eligible Dependent of the Employee/Retiree under the applicable health plan sections of the Internal Revenue Code, that Employee/Retiree may be required to pay taxes on the value of the benefit. I understand that I am encouraged to contact a tax advisor or an attorney regarding tax implications of child benefits.
- (3) Employee/Retiree understands that enrollment in benefits to which Employee/Retiree, or Employee’s/Retiree’s dependents is not entitled is considered fraud. Employee/Retiree further understands that if I Employee/Retiree willfully misrepresents the eligibility of Employee/Retiree or Employee’s/Retiree’s dependents, or fails to take the necessary action to remove ineligible dependents, or in any way obtain benefits to which Employee/Retiree is not entitled, Employee’s/Retiree’s benefits may be canceled, Employee/Retiree may be required to repay any claims or expenses which have been paid inappropriately, and/or Employee may be subject to disciplinary action – up to and including termination of employment.

Employee/Retiree Signature *Date*

Subscribed and sworn to before me this _____ day of, _____ 20____.

Notary Public

My commission expires _____

Note: Underlined and capitalized terms are defined in the Summary Plan Description which is the Benefits Handbook for employees or retirees.

The brief description of the Plan is meant to provide general information, but your entitlement to any benefits is governed by the actual terms and conditions of the Plan and arrangements for employees/retirees of ConocoPhillips Company. Eligibility, benefits, claims, participant rights, Plan administration, and other provisions are described in the Employee/Retiree Benefit Handbook and other materials furnished to you. The Plan sponsor reserves the right to amend or terminate this Plan or arrangement at any time, in its sole discretion, according to the terms of the Plan or arrangement. If you are in a job represented by a collective bargaining unit, the bargaining agreement may affect or alter the information shown in this summary.