DEPENDENT 3:		MALE	_ FEMALE
RELATIONSHIP TO YOU (CHILD, STEPCH	IILD, PARENT, ETC.):		
5SN:	DOB:	AGE (D	EC 2015):
NUMBER OF MONTHS LIVED WITH YOU			
DID YOU PAY DAYCARE (Y/N)?	_ DOES THIS INDIVIDU	JAL HAVE HEALTH INSURA	NCE (Y/N)?
NAME OF INSURANCE COMPANY:			:
DEPENDENT 4:		MALE	FEMALE
RELATIONSHIP TO YOU (CHILD, STEPCH			
		AGE (DEC 2015):	
JUMBER OF MONTHS LIVED WITH YOU IN 2015?			
DID YOU PAY DAYCARE (Y/N)?			
NAME OF INSURANCE COMPANY:			
			I
DEPENDENT 5:		MALE	FEMALE
RELATIONSHIP TO YOU (CHILD, STEPCH			:
SN:		AGE (DEC 2015):	
IUMBER OF MONTHS LIVED WITH YOU IN 2015?		IS THIS PERSON DISABLED (Y/N)?	
DID YOU PAY DAYCARE (Y/N)?			
NAME OF INSURANCE COMPANY:			
			; i
DEPENDENT 6:		MALE	FEMALE
ELATIONSHIP TO YOU (CHILD, STEPCH	ILD, PARENT, ETC.):		
SN:	DOB:	AGE (DEC 2015):	
IUMBER OF MONTHS LIVED WITH YOU IN 2015?			
DID YOU PAY DAYCARE (Y/N)?	DOES THIS INDIVIDE	JAL HAVE HEALTH INSURAI	NCE (Y/N)?
IAME OF INSURANCE COMPANY			