



**CITY OF NEW BEDFORD  
HEALTH INSURANCE  
ANNUAL RESIDENCY AFFIDAVIT FORM**

I, \_\_\_\_\_, with an address of

\_\_\_\_\_, being a  
current employee/retiree/spouse or surviving spouse and a member of the City of New Bedford  
Health Insurance plan under oath depose and state that I and/or my dependent(s) plan member(s),  
which I have listed below

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

reside outside of New England at \_\_\_\_\_  
\_\_\_\_\_ for more than six months of the year.

I understand that, in order to qualify for the City of New Bedford PPO health insurance plan, I must be able to demonstrate that I or a dependent plan member lives outside of New England for more than six (6) months of the year and it is my belief that my circumstances meets this criteria. In addition to this affidavit, I understand that I am also required to provide the appropriate Benefits Coordinator at the New Bedford School Department, New Bedford Retirement Board, or City Personnel Department with supporting documentation, which is acceptable to the Human Resources Director for the City of New Bedford, and demonstrates that I and/or my dependent meet the criteria for residency outside of New England and that the City has the right to request additional information if supporting documentation is deemed not acceptable by the Human Resources Director.

I understand that a dependent child attending school outside of New England will be considered a qualifying event to enroll in the City of New Bedford PPO health insurance plan for

the duration of time the student attends school outside of New England, provided that the member provide documentation satisfactory to the Human Resources Director, on a semester basis, that the dependent child is attending school outside of New England. I understand that my failure to provide documentation on a semester basis will result in removal from the PPO plan.

I understand that if there is a change in the residency circumstances cited above, I will promptly notify the appropriate Benefits Coordinator at the New Bedford School Department, New Bedford Retirement Board, or City Personnel Department of the change in residency circumstances. I further understand that false residency information will be sufficient cause for removal from the PPO plan and, in the case of active employees, false residency information may result in disciplinary action.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of plan member

**COMMONWEALTH OF MASSACHUSETTS**  
(or caption specifying the state and place of document notarization)

\_\_\_\_\_, ss. \_\_\_\_\_, 20\_\_

Then personally appeared the above-named \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the within document, and acknowledged the foregoing Instrument to be his free act and deed, before me.

\_\_\_\_\_  
Notary Public  
My Commission Expires:\_\_\_\_\_