

**SSEU LOCAL 371 WELFARE FUND  
AFFIDAVIT FOR CHILDCARE SERVICES  
FROM UNLICENSED PROVIDER OR RELATIVE**

**This Portion to be Completed and Signed by Provider of Childcare Services (Signature Must Be Notarized)**

I \_\_\_\_\_, an unlicensed childcare service provider or relative of \_\_\_\_\_, a covered member of the SSEU Local 371 Welfare Fund (“the Fund”), provided childcare services to (Name/ DOB) \_\_\_\_\_, the dependent child(ren) of the covered member on the following dates \_\_\_\_\_. In consideration for such services, the covered member paid me the sum of \$\_\_\_\_\_ as evidenced by the attached paid receipt, invoice or other appropriate proof of payment. I am neither the parent of the dependent child nor a dependent of the covered member.

I affirm that the information entered on this form is true and accurate and hereby agree to indemnify and make whole the SSEU Local 371 Welfare Fund, its successors and/or assigns against any and all liability and/or loss arising as a result of my providing any false or misleading information to or the concealment of any pertinent material information from the Fund.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_.

\_\_\_\_\_  
Notary Public

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**This Portion to be Completed and Signed by Covered Member (Signature Must Be Notarized)**

I \_\_\_\_\_, a covered member of the SSEU Local 371 Welfare Fund (“the Fund”) retained \_\_\_\_\_, an unlicensed provider of childcare services or relative, to provide \_\_\_\_\_ childcare to my \_\_\_\_\_ dependent child(ren) \_\_\_\_\_ on the following dates \_\_\_\_\_. In consideration for such services, I paid said unlicensed provider or relative the sum of \$\_\_\_\_\_ , as evidenced by the attached paid receipt, invoice or other appropriate proof of payment.

I affirm that the information entered on this form is true and accurate and hereby agree to indemnify and make whole the SSEU Local 371 Welfare Fund, its successors and/or assigns against any and all liability and/or loss arising as a result of my providing any false or misleading information to or the concealment of any pertinent material information from the Fund.

Signature of Covered Member \_\_\_\_\_ Date \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_.

\_\_\_\_\_  
Notary Public