



# 1199SEIU Home Care Employees Pension Fund

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Outside NYC Area Codes: (800) 892-2557 • Westchester & Upstate Counties: (877) 557-1199

## UNLOCATABLE SPOUSE AFFIDAVIT

State of \_\_\_\_\_ ) S.S.  
County of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says, I am an applicant for a pension from The 1199SEIU Home Care  
(Name of Applicant)

Employees Pension Fund. I was married to \_\_\_\_\_ on \_\_\_\_\_, in  
(Name of Spouse)

\_\_\_\_\_. We have not been living together since \_\_\_\_\_ and I have not seen or heard from my  
(Date)  
spouse since \_\_\_\_\_ and I do not know whether my spouse is alive or dead.  
(Date)

In accordance with Federal law and Section (ii) Article 5 of the 1199SEIU Home Care Employees Pension Fund, I am required to  
have the consent of my spouse for the type of pension payment I have selected. As specified above, I have not seen or heard from my  
spouse since \_\_\_\_\_.  
(Date)

In order to obtain the consent of my spouse to the pension option which I desire, I have made the following efforts:

1. I have written to the last address of my spouse known to me:  
\_\_\_\_\_  
both certified and regular mail. The returned unopened envelopes are attached. Tel.: ( ) \_\_\_\_\_
2. I have written to the last known employer of my spouse:  
\_\_\_\_\_  
at: \_\_\_\_\_  
both certified and regular mail. The returned unopened envelopes are attached. Tel.: ( ) \_\_\_\_\_
3. I have written to \_\_\_\_\_, a relative of my spouse at:  
\_\_\_\_\_  
both certified and regular mail. The returned unopened envelopes are attached. Tel.: ( ) \_\_\_\_\_
4. I have written to \_\_\_\_\_, the legal representative of my spouse at:  
\_\_\_\_\_  
both certified and regular mail. The returned unopened envelopes are attached. Tel.: ( ) \_\_\_\_\_
5. I have written to children of the marriage at:  
\_\_\_\_\_  
both certified and regular mail. The returned unopened envelopes are attached. Tel.: ( ) \_\_\_\_\_
6. I have taken the following additional steps to locate and obtain the consent of my spouse:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The results are attached.

I submit this affidavit in order to demonstrate to the Fund that the consent of my spouse cannot be obtained, and that the Plan should not be liable for payment to my spouse if my spouse should make claim against the Fund. Accordingly, I am requesting that pension payments be made to me in the manner selected on the approved form, unless and until my spouse makes a claim against the Fund during my lifetime.

\_\_\_\_\_  
(Name of Applicant)

Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

List of Enclosures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_