

Affidavit Identifying Member's Heirs/ Affidavit Advising of Trust



Section 1 – Instructions

Please make sure to complete all statements by choosing the appropriate blank or filling in the needed information. **This document must be signed before a Notary Public.**

This form may only be used when 1) the estate has a value of \$40,000 or less or 2) a trust has been established. If you have any questions about whether the decedent's estate must go through probate, please consult with an attorney.

Section 2 – Definitions

- Affiant: One who swears to an affidavit, a legally binding statement
- Decedent: Deceased person
- Trust: A form of property holding in which the owner of the property holds property for the benefit of another.
- Notary Public: One authorized by the Secretary of State to witness and authenticate the signing of documents and taking of oaths.

Section 3 – Affiant's Statement

Decedent (Full Name) _____ State _____

BCBSKS ID Number _____ County _____

I, _____, of lawful age, do solemnly swear and
Affiant Name
affirm that on _____/_____/_____,
Month Day Year Decedent Name died in

_____, _____ and that I have personal knowledge of these facts.
City State

1. The Decedent died having: made a Last Will and Testament not made a Last Will and Testament
2. The Decedent died having: an established Trust (provide information below) no Trust established

Name of Trust _____ Date Trust Created _____/_____/_____

Name(s) of Trustees _____

3. The Decedent's estate: Does not exceed \$40,000 in value Exceeds \$40,000 in value
4. I affirm that no petition for the appointment of an executor or administrator of the Decedent's estate is pending or has been granted.
5. I affirm that all unpaid debts, claims or demands against the Decedent or the estate and all estate inheritance taxes due, if any, on the refunded premiums have been or will be paid.

Please continue on the next page.

6. I affirm that the Decedent is survived by the following individuals:

Name	Age	Relationship	Address

7. I affirm that the Decedent's estate/heirs Trust is entitled to the premium refund from Blue Cross and Blue Shield of Kansas.

Wherefore, I hereby request that the premium refund due from Blue Cross and Blue Shield of Kansas be issued as follows:

Percentage	Payable to	Address

I swear and affirm that all of the statements made in this Affidavit are true; that I have the sole, exclusive right to make this Affidavit; and that I am over 18 years of age. I further agree to indemnify and hold harmless Blue Cross and Blue Shield of Kansas from any loss which may occur as a result of demands by other heirs-at-law.

Affiant Signature

Date Signed

Relationship to Decedent

Sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires _____, _____

When completed, please mail to:

Blue Cross and Blue Shield of Kansas
1133 SW Topeka Blvd., Topeka, KS 66629-0001

Note: Please keep a copy of this form for your files.

Internal Use Only

Return to _____

Mail stop _____

This information is being furnished in compliance with applicable federal regulations.

This Notice has important information. This notice has important information about your application or coverage through Blue Cross and Blue Shield of Kansas. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Please call 1-800-432-3990.

Discrimination is against the law.

Blue Cross and Blue Shield of Kansas (BCBSKS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSKS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Holly Graves.

If you believe that BCBSKS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Holly Graves, Director, Individual Sales and Customer Service, 1133 S.W. Topeka Blvd., Topeka, KS 66629-0001, 1-800-432-3990, TTY: 1-800-766-3777, Fax: 785-290-0711, CSC@bcbsks.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Holly Graves is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

اتصل برقم خدمة العملاء الموجود على بطاقة هويتك للحصول على المساعدة باللغة العربية.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、ID カードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید..