

Dependent Child Affidavit



Section 1 – Insurance Information

Children in your household other than by birth or adoption may be included in your family contract, **if dependent criteria are met**. To consider the dependent for coverage, the following must be completed, signed and sworn to in front of a notary, and returned to Blue Cross and Blue Shield of Kansas.

_____ Insured ID Number

_____ Group ID Number

Section 2 – Affidavit

STATE OF KANSAS)
) ss.
COUNTY OF _____)

The undersigned, _____, being first duly sworn, deposes and states that:

1. My name is _____, and I am of legal age.
2. I have **legal custody** of _____ (child's full name),
date of birth / / , pursuant to the court order issued by _____
(name of court) on / / (date of court order), or
 / /
3. I have enclosed a file-stamped copy of the court order granting me legal custody of the above-referenced child.
4. I have **legal guardianship** of _____ (child's full name),
date of birth / / , pursuant to the court order issued by _____
(name of court) on / / (date of court order), or
 / /
5. I have enclosed a file-stamped copy of the Letters of Guardianship issued for the above-referenced child.

Section 3 – Authorization

IN WITNESS WHEREOF, the undersigned has executed this legal document on the _____ day of _____, _____ year.

I certify that this information is true to the best of my knowledge and agree to notify Blue Cross and Blue Shield of Kansas immediately of any changes in status.

Your signature required

_____ Insured

_____ Date Signed

Subscribed and sworn before me on this _____ **day of** _____, _____ year.

Notary Public _____ Notary Seal

Thank you – Please use the instructions below to return this form.

By mail:
Blue Cross and Blue Shield of Kansas
P.O. Box 517
Topeka, KS 66601-0517

By fax: 785-290-0770

Have questions? Call us at 1-800-432-3990
In Topeka, call 291-4180.