Dependent Child Affidavit



Section 1 – Instrance 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	Insured ID Number
following must be completed, signed and sworn to in front of a notary, and returned to Blue Cross and Blue Shield of Kansas.	Group ID Number
Section 2 – Affidavit	
STATE OF KANSAS)	
COUNTY OF) ss.	
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//	
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	al document on the day of,,,
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,	
Notary Public	Notary Seal
Thank you – Please use the instructions below to re	eturn this form

Blue Cross and Blue Shield of Kansas P.O. Box 517

Topeka, KS 66601-0517

Have questions? Call us at 1-800-432-3990

By fax: 785-290-0770

By mail: