



1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001

In Topeka - (785) 291-7000
In Kansas - (800) 432-0216

Web site: www.bcbsks.com

Date _____

Name _____

ID # _____

Address _____

GROUP # _____

City _____

State _____ ZIP _____

Children not yours by birth or adoption may be included in your family contract **if dependent criteria are met.** In order for us to consider the dependent for coverage the following must be completed and returned to Blue Cross and Blue Shield of Kansas.

DEPENDENT CHILD AFFIDAVIT

1. Child's full name _____

2. Child's date of birth _____ Relationship to you _____

3. If a grandchild, is the child's parent covered on your membership? Yes No
If yes, please provide the parent's full name _____

4. Do you have legal custody or legal guardianship? Yes No
If so, please provide copies of court documents.

5. Is this child a Foreign Exchange Student? Yes No
If "yes," please provide the name of the American Exchange Student Program.

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

Signature of insured _____ Date _____

If you have any question, please call our Customer Service Department at 785-291-4180 or toll free at 1-800-432-3990.