

# Dependent Child Affidavit



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 No. \_\_\_\_\_ Group ID No. \_\_\_\_\_

**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.

IN WITNESS WHEREOF, the undersigned has executed this instrument 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.

**Signature of Insured** \_\_\_\_\_

**Subscribed and sworn before me on this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_  
year

Notary Public \_\_\_\_\_ Notary Seal

If you have questions, please call our customer service department toll free at 1-800-432-3990, or in Topeka call 291-4180.