



1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001
www.bcbsks.com

AFFIDAVIT IDENTIFYING MEMBER'S HEIRS

State of _____

County of: _____

Decedent: _____ BCBSKS ID Number _____
(Full Name)

Name(s) of Affiant(s): _____ being duly sworn, states:

- On _____, the decedent listed above, died _____
(Date of Death) (Testate or Intestate)
at _____, leaving an estate not exceeding \$20,000 in value.
(County and State of Death)
- That no petition for the appointment of an executor or administrator of the decedent's estate is pending or has been granted.
- That all unpaid debts, claims or demands against the decedent or the estate and all estate and inheritance taxed due, if any, on the refunded premiums have been or will be paid.
- That the following are the names, ages, relationships and addresses of the heirs of the decedent (spouse, or children by birth or adoption, or grandchildren by birth or adoption, or surviving brothers or sisters):

Name	Age	Relationship	Address

- That the decedent's estate is entitled to the premium refund from Blue Cross and Blue Shield of Kansas.
- That the affiant(s) has/have the sole and exclusive right to the premium refund from Blue Cross and Blue Shield of Kansas and that the affiant(s) is/are over 18 years of age and legally competent.

Wherefore, affiant(s) hereby request that the premium refund due from Blue Cross and Blue Shield of Kansas be transmitted to affiants(s).

(Signature of all individuals listed in #4 above. If individuals sign at different times and locations, a notarial statement will be required for each signature.)

Sworn to before me this _____ day of _____, _____

My commission expires _____,
(Notary Public)