

# Affidavit Identifying Member's Heirs/ Affidavit Advising of Trust



## Section 1 – Instructions

Please make sure to complete all statements by choosing the appropriate blank or filling in the needed information. **This document must be signed before a Notary Public.**

*This form may only be used when 1) the estate has a value of \$75,000 or less or 2) a trust has been established. If you have any questions about whether the decedent's estate must go through probate, please consult with an attorney.*

## Section 2 – Definitions

- Affiant: One who swears to an affidavit, a legally binding statement
- Decedent: Deceased person
- Trust: A form of property holding in which the owner

of the property holds property for the benefit of another.

- Notary Public: One authorized by the Secretary of State to witness and authenticate the signing of documents and taking of oaths.

## Section 3 – Affiant's Statement

Decedent (Full Name)

State

BCBSKS ID Number

County

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Decedent's Date of Birth

I, \_\_\_\_\_, of lawful age, do solemnly swear and  
Affiant Name

affirm that on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, Decedent Name died in

City

State

and that I have personal knowledge of these facts.

1. The Decedent died having:  made a Last Will and Testament  not made a Last Will and Testament
2. The Decedent died having:  an established Trust (provide information below)  no Trust established

Name of Trust

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Trust Created

Name(s) of Trustees

3. The Decedent's estate:  Does not exceed \$75,000 in value  Exceeds \$75,000 in value
4. I affirm that no petition for the appointment of an executor or administrator of the Decedent's estate is pending or has been granted.
5. I affirm that all unpaid debts, claims or demands against the Decedent or the estate and all estate inheritance taxes due, if any, on the refunded premiums have been or will be paid.

**Please continue on the next page.**

6. I affirm that the Decedent is survived by the following individuals:

Name	Age	Relationship	Address

7. I affirm that the Decedent's  estate/heirs  Trust is entitled to the premium refund from Blue Cross and Blue Shield of Kansas.

Wherefore, I hereby request that the premium refund due from Blue Cross and Blue Shield of Kansas be issued as follows:

Percentage	Payable to	Address

I swear and affirm that all of the statements made in this Affidavit are true; that I have the sole, exclusive right to make this Affidavit; and that I am over 18 years of age. I further agree to indemnify and hold harmless Blue Cross and Blue Shield of Kansas from any loss which may occur as a result of demands by other heirs-at-law.

---

**Affiant Signature**

\_\_\_\_ / \_\_\_\_ /  
Date Signed

---

### Relationship to Decedent

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

Nature Publishing Group

My commission expires \_\_\_\_\_, \_\_\_\_\_

When completed, please mail to:

Blue Cross and Blue Shield of Kansas  
1133 SW Topeka Blvd. Topeka, KS 66629-0001

**Note:** Please keep a copy of this form for your files.

Internal Use Only

Return to \_\_\_\_\_

Mail stop \_\_\_\_\_