Affidavit Identifying Member's Heirs/ Affidavit Advising of Trust

BlueCross BlueShield Kansas

Section 1 – Instructions

CLEAR DATA

Please make sure to complete all statements by choosing the appropriate blank or filling in the needed information. **A death certificate is required. 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.
- Death Certificate: A death certificate is an official government document that records the date, location, and cause of a person's death.

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 _____/_____/_____, _____ died in
Month Day Year Decedent Name

_____, _____ and that I have personal knowledge of these facts.
City State

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_____

_____ My commission expires _____, _____
Notary Public

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 _____