



# Dependent Child Affidavit

Employee Enrollment Information		
Name:	Social Security No.:	
Address:	Home Phone:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Date of Hire:
Child Verification – Please complete one form for <i>each child</i> enrolled in the health plan		
Your Child's Name:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship: <input type="checkbox"/> Natural Child <input type="checkbox"/> Step Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> You are required to provide coverage under the terms of a court decree		
If your child is over age 18:	Is your child employed 40 or more hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child eligible for coverage through their employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check this box if your child was over age 26 as of last December 31 <sup>st</sup> , and your child is totally and permanently disabled. Note: A disabled child may continue to be covered by the plan until the disability ends. However, BCBSM must determine the child is totally and permanently disabled prior to the child's 26 <sup>th</sup> birthday for coverage to continue.		
The most common method of proving eligibility is to provide the following documents:		
Natural children:	<ul style="list-style-type: none"> <li>◇ A copy of the birth certificate <i>and</i></li> <li>◇ A copy of your most recent federal or state income tax return. <i>(Let Human Resources know if your child is eligible for coverage, but you did not claim them as a dependent on your tax return. You may provide other documents that prove your child's eligibility.)</i></li> </ul>	
Step children:	<ul style="list-style-type: none"> <li>◇ A copy of the birth certificate <i>and</i></li> <li>◇ A copy of your marriage certificate <i>and</i></li> <li>◇ A copy of your most recent federal or state tax return</li> </ul>	
Adopted children and children for whom you have legal guardianship:	<ul style="list-style-type: none"> <li>◇ A copy of a legal document of adoption or guardianship <i>and</i></li> <li>◇ A copy of your most recent federal or state tax return</li> </ul>	
Children for whom you are required to provide coverage by court decree:	<ul style="list-style-type: none"> <li>◇ A copy of the court decree</li> </ul>	
<i>Financial information and complete Social Security numbers are not required to verify dependents. All financial information and the first five digits of any Social Security number on documents may be blacked out.</i>		
Employee Signature		
I certify that the information on this form is true. If it is determined later that I provided false information, I understand that I may be held financially responsible to repay all claim payments made on behalf of the ineligible dependent. If it is determined that you knowingly provided false information, I understand that Calhoun County may, at its discretion, take other disciplinary measures up to and including termination of employment.		
Signature:	Date:	