

(To be completed along with an enrollment form and the official Legal Guardianship papers.)

Section 1: AFFIDAVIT OF LEGAL GUARDIANSHIP STATUS

I/ We being of lawful age attest to the following requirements for group insurance coverage of

Print Child's Name

SS No.

Date of Birth

through legal guardianship and I/we attest to the following facts:

1. The child is unmarried and under the age of eighteen (18).
2. The child is living with me/us on a full-time basis.
3. The parent-child relationship is with me/us, not with the biological parent(s). This means that I/we am/are exercising parental authority, responsibility and control; I/we am/are caring for, supporting, disciplining and guiding the child; I/we am/are making the decisions about the child's education and health care.
4. I/We am/are the primary source of financial support for the child. I/We declare this child as a dependent on my/our yearly income tax filing.
5. I/We expect to raise the child to adulthood.
6. I/We understand that if the child moves out of my/our home to live with a biological parent, the child loses coverage and cannot be covered under legal guardianship.
7. I/We understand that a child enrolled through legal guardianship is eligible to enroll only during open enrollment or when the subscriber first becomes eligible for health insurance benefits.
8. I/We will immediately notify the employer sponsoring the group health plan and TakeCare if the child marries, moves out of my/our home or ceases to be financially dependent on me/us.

Section 2: SIGNATURE

Name of Employee

TakeCare ID Number

Signature of Employee

Date

Name of Employer

Section 3: NOTARY SIGNATURE

Sworn to me this _____ day of _____, 20__ by _____

Notary Public

Commission Expiration Date