

(To be completed along with an enrollment form and submitted with 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