



AFFIDAVIT OF DEPENDENCY

Eligibility determination for dependents is based on CIS policies and a contractual agreement between City County Insurance Services and the insurance carriers.

To be eligible for coverage, a dependent must be unmarried and under the age of 23. In addition, either the natural parent or the spouse must be providing 50% or more of the dependent's financial support.

The following are considered eligible dependents. Please check the box that is applicable:

- 1. This dependent is my natural child; or
- 2. This dependent is my adopted child; or
- 3. This dependent is my natural/adopted child not residing in my household but I am required by **court order** * to provide health insurance coverage.

- 4. This dependent is a step-child residing in my household; or
- 5. This stepchild is not residing in my household but my spouse is required by **court order*** to provide health insurance coverage.

- 6. This dependent is a child related to me by blood or marriage and a **court order*** appoints me as their legal guardian.

*** A copy of the court order must be included with this affidavit.**

In order to confirm eligibility for the dependent being added or now covered, please execute the certification below:

I, _____, being first duly sworn on oath depose and say the dependent named below is unmarried and qualifies as a dependent as asserted above.

The dependent began residing in my home on _____ and I assumed financial responsibility on _____.
(Date) (Date)

Dependent's Full Name _____ Date of Birth _____

Social Security Number: _____ Relationship to Insured Employee _____

Employer Name _____

Employee's Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.	
Notary Public for: _____	Date commission expires: _____
Notary Signature: _____	Date: _____

