



CERTIFICATION OF DEPENDENCY (Please Print or Type)

Name of Subscriber _____ Subscriber Contract No. _____

Subscriber Street Address _____ Subscriber Group No. _____

City, State, Zip Code _____

Dependent's Name (Please Print) _____ Date of Birth _____ Sex M F Relationship _____

1. Are you or your spouse the natural parent of this child? YES NO If yes, please sign below and disregard the rest of this form. If no, please explain the relationship in the space below.

Signature of Subscriber _____ Date _____

ADOPTED CHILD

1. If the child is legally adopted, When did the child begin living with you? _____
Month Day Year

Signature of Subscriber _____ Date _____

FOSTER CHILD

- 1. Was a welfare agency responsible for placement of this child in your home? YES NO
- 2. If yes, is the agency responsible for providing medical care? YES NO
- 3. If yes, is the medical care provided through Medicaid? YES NO
- 4. If the child was not placed by an agency, please complete the affidavit below.

AFFIDAVIT

Personally appeared before me, the undersigned attesting officer, duly authorized by law to administer oaths, _____, who first being duly sworn, deposes and upon oath states:

That under Georgia law, _____ is the foster parent of _____,
(he/she)
whose date of birth was _____;

That said Affiant and child have come into the foster parent-child relationship on _____
(date)
under operation of law through mechanism checked below:

- By guardianship of the person of the child by
 testamentary disposition of the parent, or
 by letters of guardianship issued by the Judge of Probate or other appropriate officer; of
- By voluntary act of the child's parents relinquishing custody; or
- By a juvenile court proceeding, or that of some other court;

That _____ has agreed to be responsible for the support, custody, control, welfare, education and
(he/she)
discipline of the child; and

That _____ will notify Blue Cross and Blue Shield of Georgia immediately upon termination of
(he/she)
this foster parent-child relationship.

IN WITNESS WHEREOF, Affiant has hereunto set _____ hand and affixes _____
(he/she)
signature this _____ day of _____, 20 _____.

Sworn to and subscribed to before me this _____
day of _____, 20 _____.

Notary Public _____ Signature of Subscriber _____ Date _____

An Independent Licensee of the Blue Cross and Blue Shield Association