



# 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 <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
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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 \_\_\_\_\_  
under operation of law through mechanism checked below: (date)

- 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 discipline of the child; and  
(he/she)

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

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