AFFIDAVIT OF ELIGIBLE DEPENDENT CHILD STATUS

Employee/Subscriber Name: _____MUNIS Number: _____

PLEASE CHECK APPLICABLE BOX FOR ELIGIBLE DEPENDENT CHILD:

- ☐ Natural or adopted child of Employee/Subscriber
- ☐ Stepchild of Employee/Subscriber
  (Physical custody or via Qualified Medical Custody Support Order (QMCSO))
  Must provide copy of court custody order or QMCSO
- ☐ Child placed pending adoption by Employee/Subscriber
  Must provide copy of pertinent adoption documentation
- ☐ Child for whom Employee/Subscriber is court appointed legal guardian
  Must provide copy of court order appointing legal guardian and has reviewed EOC for guardianship eligibility.

Dependent Name: _____Birthdate_____

Dependent Name: _____Birthdate_____

Dependent Name: _____Birthdate_____

Dependent Name: _____Birthdate_____

By my signature below, I affirm that the above Dependent is eligible for coverage as either my natural/adopted child or meets one of the other qualified categories. I acknowledge that if the Dependent does not meet the eligibility requirements I may be liable for full repayment of any benefits. I hereby certify that all information provided on this form is accurate and complete to the best of my knowledge.

_____ _____

Employee Name Employee Signature

STATE OF TENNESSEE)
)
COUNTY OF MONTGOMERY)

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who made oath that the statements set forth in the foregoing Affidavit are true and correct to the best of his/her knowledge, information and belief.

Subscribed and sworn to before me, this the ____ day of_____, 20___.

_____
Notary Public

My Commission Expires: _____.