

DEPENDENT CHILD CERTIFICATION

For Office Use Only

Group No. _____

Contract No. _____

Effective Date _____

TO BE COMPLETED BY EMPLOYEE

1. Group Name		1.a. Employee's Phone Numbers Home: _____ Work: _____	
2. Name of Employee (last, first, initial)		2.a. Social Security Number	
3. Name of Employee's Spouse (last, first, initial)		3.a. Social Security Number	
4. Employee's Address (number, street, city, state and zip code)			
5. Full Name of Child		5.a. Child's Date of Birth Month Day Year	5.b. Child's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
5.c. Child's Relationship to Employee	5.d. Child's Relationship to Employee's Spouse	5.e. Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Are you required to provide coverage by a legal qualified medical child support order (QMCSO)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain _____			
7. Do you provide at least 50% of the child's total support (NOTE: Support includes food, shelter, clothing, medical and dental care, education and the like)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain _____			
8. In reference to question number 7, Is the child a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list the school _____			
9. Is the child incapacitated due to a mental or physical impairment (a separate affidavit of incapacitated child form may need to be completed)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FOR ADDITIONAL EXPLANATION, PLEASE USE THE REVERSE SIDE.

I hereby certify that the above information is true and correct to the best of my knowledge. Regence BlueCross BlueShield of Utah, Regence HealthWise and Regence ValueCare reserve the right to request documentation and/or information verifying the above.

Signature of Employee

Date Signed