

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

I, \_\_\_\_\_, SSN: \_\_\_\_\_, am  
the natural father( ) mother( ) of the below-referenced child.

I do claim( ) will claim( ) this child on my Income Taxes and I am solely responsible  
for maintaining health coverage on this child.

Child's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the  
day and year last above written.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed or Printed Name of Notary

My Commission expires:

\_\_\_\_\_