



AFFIDAVIT

Certifying a tax dependent

I (We) _____ being desirous of
[Print name(s)]

including my (our) legal guardian child/ren _____
[Print name(s)]

as a dependent(s) under my (our) StayWell Health Plan coverage do hereby agree to
and promise to comply with the following StayWell requirements:

1. *I (We) affirm that I (we) will include my (our) legal guardian child/ren as a tax qualified dependent(s) when filing my (our) income taxes for the current and all future tax years for as long as I (we) carry this/these individual(s) as a dependent(s) under the StayWell Health Plan.*
2. *I (We) agree to annually present to StayWell a certified true copy of my (our) income tax filing stamped received by the Department of Revenue and Taxation no later than April 30th of each year that I (we) claim the legal guardianship of the aforementioned individual(s).*
3. *I (We) understand that, if I (we) do not submit the completed tax documents indicated above on or before April 30th of each year, the coverage of the aforementioned legal guardian child/ren will be terminated retroactively effective January 1st on the year that I (we) fail to submit the documents.*

Signature

Date

Signature

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public
In and for the Territory of Guam
My commission expires: _____