

Certifying A Tax Dependent AFFIDAVIT



I _____ being desirous of including my legal guardian child/ren
Print Name(s)

_____ as a dependent(s) under my StayWell Health Plan cover-
Print Name(s)

age do hereby agree to and promise to comply with the following StayWell requirements:

1. I affirm that I will include my legal guardian child/ren as a tax qualified dependent(s) when filing my income taxes for the current and all future tax years for as long as I carry this/these individual(s) as a dependent(s) under the StayWell Health Plan.
2. I agree to annually present to StayWell a certified true copy of my income tax filing stamped received by the Department of Revenue and Taxation no later than April 30th of each year that I claim the legal guardianship of the aforementioned individual(s).
3. I understand that, if I 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 effective June 1st on the year that I fail to submit the documents.

SUBSCRIBER'S SIGNATURE

DATE

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

NOTARY PUBLIC
In and for the Territory of Guam

My commission expires on _____