

Certifying A Tax Dependent AFFIDAVIT



I (we) _____ being desirous of including my (our) legal guardian child/ren _____ 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 on this _____ day of _____, 20_____.

NOTARY PUBLIC

In and for the Territory of Guam

My commission expires on _____