State of Maryland
Affidavit of Eligibility of Coverage For
Legal Wards, Grandchildren and other Dependent Child Relatives
For Participation in the State Employee/Retiree Health Benefits Program

Please complete one Affidavit for Each
Legal Ward, Grandchild and/or other Dependent Child Relative

Employee/Retiree Name: _____
Last First MI

Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

Dependent Child's Name: _____
Last First MI

Dependent's Date of Birth: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

Dependent's Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

Relationship to Employee/Retiree:
☐ Grandchild
☐ Legal Ward
☐ Other Dependent – Describe relationship: _____

I have attached ALL the following additional documentation to this Sworn Affidavit:

☐ For a Legal Ward:
1. Copy of court papers signed by a judge or other court official, confirming that the employee/retiree has legal custody of the child by a court order of custody or guardianship, OR copy of a will providing a testamentary appointment, confirming that the employee/retiree has legal custody of the child, AND
2. Tax Affidavit for All Dependent Children

☐ For a Grandchild and/or an Other Dependent:
1. Copy of the birth certificate of the child, AND
2. Copy of the child's parent's birth certificate and all other birth certificates and marriage certificates to establish that the child is related to the State employee/retiree by blood or marriage, AND
3. Tax Affidavit for All Dependent Children

Certification Statement

I certify that the dependent child listed above:
a) is related to me by blood or marriage or is in my legal custody or guardianship,
b) is permanently residing in my household 100%,
c) is supported solely by me, AND
d) has never been married.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief.

_____ _____
Signature of Employee/Retiree Date