State of Maryland
Affidavit of Eligibility of
Coverage for Stepchildren
For Participation in the State Employee/Retiree Health Benefits Program

Please complete one Affidavit for Each Stepchild

Employee/Retiree Name: _____
Last First MI

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

Name of Stepchild: _____
Last First MI

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

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

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

☐ For Stepchild: (1) Copy of State Employee's Marriage Certificate
(2) Stepchild's Birth Certificate (Must indicate spouse's name as Parent)
(3) Applicable Divorce Decree or Custody Papers (see note below)
(4) Tax Affidavit for All Dependent Children

NOTE: If no Divorce Decree or Custody Papers are available, you must attach proof of Stepchild's residence in the employee/retiree's household (e.g., school records, drivers license, daycare records, etc.)

Certification Statement

I certify that the dependent listed above is my stepchild, is permanently living in my household 100%, and 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