

CERTIFICATE OF PATERNITY

| | |
|---|---------------------------------------|
| SUBSCRIBER NAME | GROUP & ID NUMBER |
| ADDRESS CITY, STATE , ZIP CODE | |
| NAME OF DEPENDENT | DEPENDENT'S BIRTHDATE |
| NAME OF DEPENDENT'S CHILD(REN) | DEPENDENT'S CHILD(REN)'S BIRTHDATE(S) |
| Is dependent covered by his/her own individual Regence BlueCross BlueShield of Oregon coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, GROUP & ID NUMBER |

I hereby certify that the above named dependent is the natural father of the named child(ren).

(SIGNATURE OF SUBSCRIBER)
(DATE)

FORM 3988 (Rev. 5/05)

CONFIRMATION OF CERTIFICATE OF PATERNITY

This portion will be returned to you after we have established the eligibility of the above named child(ren), or if denied, the reason.

Accepted - Effective Date _____

Denied - Reason _____

Please fill in your return address below.

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