



# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## CERTIFICATE OF DEPENDENCY

An unmarried child is eligible for coverage if he/she meets the dependent eligibility requirements of the enrolled employee's group health plan. In most cases, the child must be dependent on the enrolled employee for at least 50% of their support.

The following is an eligible child **(check applicable box)**:

- An enrolled employee's natural child.
- A stepchild residing in the enrolled employee's household.
- A nonresident stepchild if there is a court order requiring the spouse to provide health insurance.
- A child placed for adoption with the enrolled employee. A separate certificate of placement must be submitted.
- An enrolled employee's adopted child.
- A child related to the enrolled employee by blood or marriage for whom he or she is the legal guardian. (a copy of the court order naming the enrolled employee as legal guardian must be attached).
- When domestic partners are eligible under the group health plan, a natural child, stepchild, or adopted child of the enrolled employee's domestic partner or a child legally placed with the enrolled employee's domestic partner. A separate certificate of placement must be submitted.

The child began residing in my home on \_\_\_\_\_ and I assumed financial responsibility on \_\_\_\_\_  
(Date) (Date)

Child's Full Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ certify that the child named above is unmarried and qualifies as an eligible child  
(Enrolled Employee's Name)

as asserted above.

Enrolled Employee Member Number \_\_\_\_\_  
(if available)

Relationship of Child to Enrolled Employee \_\_\_\_\_

Enrolled Employee's Signature \_\_\_\_\_