

AFFIDAVIT OF DISABLED DEPENDENT CHILD

Life Insurance Company of North America
Connecticut General Life Insurance Company
New York Life Group Insurance Company of NY



GROUP BENEFIT
SOLUTIONS

Group Policy Number: _____ Group Policyholder Name: _____

CHILD INFORMATION

Child Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: Male Female

Child Address: _____

Street

City: _____ State: _____ Zip Code: _____

Medical Condition requiring dependency: _____

Date of Onset: _____
Month/Day/Year

This is to certify that my child:

- was eligible and met the active service requirements as defined in the effective date of coverage provision of this group policy on the date this coverage became effective,
- continues to remain dependent upon me and meets the child definition requirements as defined under this group policy.

I am electing to continue coverage on this dependent child which would otherwise terminate on the date the child no longer is eligible as defined in the provisions of this policy.

I understand that _____ reserves the right to examine my child periodically per the terms of the policy
Underwriting Company
and such insurance for this child would terminate as the date the child no longer is a dependent child as defined by the policy.

I understand that acceptance of this authorization is not binding and _____ may, at its discretion,
Underwriting Company
perform a review of the child's circumstances at the date of death.

Signature of Employee
Date _____
Month/Day/Year

Signature of Policyholder's Authorized Representative
Date _____
Month/Day/Year

Printed Name of Employee

Printed Name of Authorized Representative

Employee Social Security Number

Title of Authorized Representative

IMPORTANT INFORMATION TO POLICYHOLDER

- Keep this affidavit on file and provide a copy to the Employee.
- This form must be supplied when filing a claim on a disabled child.
- If this coverage is administered by New York Life Group Benefit Solutions or authorized representative of New York Life Group Benefit Solutions, please provide a copy of this form to that entity.

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