

State of Colorado

Affidavit of Custody for Grandchild(ren)



INSTRUCTIONS
<p>Grandchild(ren) of an eligible state employee may be eligible for medical and dental coverage. Employee benefits are governed in part by the State Benefit Plans section of the State Personnel Director's Administrative Procedures and other written directives. The following guidelines also apply.</p> <p>The employee must complete and sign the front side of this Affidavit of Custody. The employee's signature must be witnessed by a notary. The change must be entered into the benefit administration system to add the child(ren) to existing coverage.</p> <p>For grandchildren, the grandchild's parent must still be an eligible covered, minor dependent on the plan and the employee (grandparent) the major source of financial support. When the parent is no longer an eligible covered dependent, the grandchild is also no longer eligible unless the employee (grandparent) obtains legal custody/guardianship of the grandchild.</p>

AFFIDAVIT
<p>Being of lawful age, I, the undersigned, have accepted responsibility for:</p> <ol style="list-style-type: none"> 1. The care of the minor grandchild(ren) listed below; 2. Raising the minor grandchild(ren) listed below in a normal parent child relationship; 3. Providing at least 50 percent of the financial support of the minor grandchild(ren) listed below; and, 4. Providing medical care and coverage of the minor grandchild(ren) listed below.

DEPENDENT INFORMATION		
Minor Grandchild's Name	Date of Birth	Soc. Sec. No.
Dependent Parent's Name	Date of Birth	Soc. Sec. No.
Minor Grandchild's Name	Date of Birth	Soc. Sec. No.
Dependent Parent's Name	Date of Birth	Soc. Sec. No.

EMPLOYEE INFORMATION		
Employee's Name (Please Print)	Employee's Soc. Sec. No.	Dept. / Agency Org ID
Employee's Signature	Date	

<p>Fraud</p> <p>It is unlawful for any employee, employee's dependent(s) or other individual(s) to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's group benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, statutes, and written directives.</p>
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NOTARY	SEAL	
Sworn to me this (Day / Month / Year)		
Notary Public		My Commission Expires
Notary Public's Address		