



**AFFIDAVIT OF CHILD DISABILITY**

I, \_\_\_\_\_ hereby certify that \_\_\_\_\_  
*Subscriber Name* *Child Name*

born on \_\_\_\_\_ is my child with a disability and that \_\_\_\_\_  
*Date of Birth* *Child Name*

has resided with me since \_\_\_\_\_ and that \_\_\_\_\_  
*Date* *Child Name*

does not maintain a separate residence. Should the dependent named in this affidavit cease to reside with me, I understand that membership for my dependent terminates and I will notify **NetCare Life and Health Insurance Company** immediately of such termination. The dependent named above is dependent on me for financial support.

Certification of disability from a medical physician must accompany this affidavit.

\_\_\_\_\_  
Subscribers Signature

Guam U.S.A.        }  
                              }  
City of Hagatna    }       SS:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
In and for the Territory of Guam  
My commission expires \_\_\_\_\_