CTSI
Serving Colorado's Counties

AFFIDAVIT OF RESPONSIBILITY

Name of Employee Plan Participant: _____

Coverage is being requested for my dependent(s) listed below:

Name	Date of Birth	Relationship to both Employee & Spouse

In order for enrollment to be considered the following, along with a copy of the divorce decree, death certificate or legal guardianship papers (if applicable), must be completed, notarized and returned to CHP within 31 days.

I, the undersigned, affirm and attest to the following facts:

1. that the above listed dependent(s)' permanent place of residence is primarily with the employee and/or
2. that the above listed dependent(s) maintain a parent/child relationship with the employee and/or
3. that the child is primarily dependent upon the employee for support.

_____ _____

Name of Employee Plan Participant (Please Print) — Signature of Employee Plan Participant

Sworn to before me this _____ day of _____, 20____

_____ My Commission Expires _____, 20____

Notary Public

County Technical Services, Inc.
800 Grant Street • Suite 400
Denver, Colorado • 80203
email: ctsi@ctsi.org

Administration & Loss Prevention
Phone: 303•861•0507
Fax: 303•861•2832

Claims (CAPP & CWCP)
Phone: 303•861•0507 1-800•544•7868
Fax: 303•861•1022

The following documentation must also be returned to CHP for the purpose of coordination of benefits and determining primacy:

A. Any legal papers such as a divorce decree, separation agreement, etc.

B. Last year's Federal Income Tax return showing the above listed dependent(s) as claimed exemption(s) of the employee.

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