

Certification of Parent-Child Relationship



Please fill in all sections completely and submit to:

Esubmit: <https://global.acswellpoint.com/Esubmit/>

Mail: Anthem Blue Cross
P.O. Box 9062
Oxnard, CA 93031

Fax: 1-855-750-2227

I, , hereby submit the following certification in support of establishing a parent-child relationship. This certification is based upon the following:

Employee information

Name:

Social Security number:

Date you assumed the primary custodial parental role for the child:

Your relationship to the child:

Child information

Name:

Social Security number:

Date of Birth:

Address (if different from employee):

City: State: ZIP:

1. Pursuant to California Health and Safety Code, section 1357.500 and Title 2, California Code of Regulations, 599.500(o), a “parent-child relationship” (PCR) is established when you intentionally assume parental status or duties over a child who is not your adopted, step, or recognized natural child, and meet specific enrollment criteria. A parent-child relationship must be certified at the time of enrollment for each child and annually thereafter up to age 26, unless the child is disabled as described in section 599.500, subdivision (p).
2. I certify I have assumed parental status or duties and will provide the required supporting documentation for the child identified in this document with this Certification. In addition, this Certification hereby incorporates the “Temporary Guardianship Affidavit” signed by and on .
 - a. Required Supporting Documentation for a PCR dependent under age 19:
 - i. A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent.
 - ii. In lieu of a tax return, for a time not to exceed one tax filing year, you may submit other documents that substantiate the child’s financial dependence upon you, including, but not limited to: current legal judgments/court documents showing the subscriber’s legal parental status or duties/guardianship over the child; bank, credit card, tuition or insurance statements/payments; school records; bills or mail indicating common residency with the dependent (collectively referred to as “Other Suitable PCR Documentation”).
 - b. Required Supporting Documentation for a PCR dependent from age 19 up to age 26:
 - i. A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent, **OR**
 - ii. Other Suitable PCR Documentation, as mentioned above, that substantiates that the child is financially dependent upon you provided that the child:
 1. Either lives with you for more than 50 percent of the time, or is a full-time student, **AND**
 2. Is dependent upon you for more than 50 percent of the child’s support.

3. I recognize this affidavit is a legally binding document. I accept full responsibility to notify my employer of any changes pertaining to this PCR. I further understand that it is a crime to make or cause to be made a knowingly false or fraudulent material statement or material representation to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

I hereby certify under penalty of perjury, that the information I have provided is true and correct to the best of my knowledge. I also agree to provide all supporting documentation requested by my employer. I understand that each PCR dependent must be certified upon initial enrollment and annually thereafter up to age 26, unless the child is disabled as described in section 599.500, subdivision (p). I also understand that certification includes submission of this Certification of Parent-Child Relationship and the required supporting documents.

Employee signature:

X

Date:

For Employees: Return this Certification and the required supporting documents to your employer.

Employer Use Only

By signing below, I hereby certify under penalty of perjury as follows:

That I am a duly appointed, qualified, and acting officer of the following:

I have reviewed the above affidavit and verified the identity of the employee submitting this affidavit.

I recommend enrolling/re-certifying this PCR dependent based on the information provided and attached documentation (pursuant to Cal Health & Safety Code §1357.500 and 2 CCR §599.500(o)).

Printed name:

Title:

Signature:

Date: