

AFFIDAVIT

I, _____ residing at _____
(print name) (street, city, state, ZIP code)

In the county of _____ Commonwealth/state of _____ ,
do solemnly affirm as follows:

1. I am the surviving spouse, or next of kin and heir, of _____
(subscriber's name)
named as a subscriber under a contract with Blue Cross
Blue Shield of Massachusetts, policy ID number _____
(ID number)

2. I am submitting a claim on behalf of _____
(subscriber's name)
now deceased, for reimbursement of premiums previously paid under said contract.

3. These premiums have been paid (or the subscriber paid for such premiums prior to death) as dictated
by Blue Cross Blue Shield of Massachusetts.

4. The deceased subscriber died without assets to be probated, and without outstanding liabilities,
and as heir, I am entitled to the amount due on the above mentioned policy.

5. If I receive the amount due on the above premium policy, I will distribute it among other persons
if they are legally entitled to it.

6. In consideration of payments to me on the said policy by Blue Cross Blue Shield of Massachusetts,
I agree to indemnify, defend and hold harmless Blue Cross Blue Shield of Massachusetts from any
and all liability for arising from this payment.

7. I declare under the pains and penalties of perjury that to the best of my knowledge and belief,
the information herein is true, correct and complete.

(claimant signature) _____

Please return this notarized affidavit to:
Blue Cross Blue Shield of Massachusetts
Member Service Correspondence,
PO Box 55058 Boston, MA 02205-5058

(Continued)

Notary

On this _____ day of _____, 20_____, before me, the undersigned notary public,
_____(name of document signer) personally appeared, proved to me
(claimant name)

through satisfactory evidence of identification, which was _____, to be
the person whose name is signed on the preceding or attached document in my presence and swore that the signature
made was on his own free act and deed.

(official signature and seal of notary public).

Notary public: _____ My commission expires: _____

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of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract.
Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

Blue Cross Blue Shield of Massachusetts complies with applicable federal
civil rights laws and does not discriminate on the basis of race, color,
national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge,
are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma.
Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas.
Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).