Affidavit

I, _____
(PRINT NAME)

residing at _____
(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 9134, North Quincy, MA 02171-9134

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: _____