



**AFFIDAVIT OF NEXT OF KIN**

Enrollee ID: \_\_\_\_\_

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of, \_\_\_\_\_ , who died on or about the \_\_\_\_\_ day of \_\_\_\_\_ , 20\_\_\_\_.  
(A copy of the death certificate must be attached hereto.)
2. That my relationship to the deceased is \_\_\_\_\_ .
3. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.
4. That this affidavit is made in support of the undersigned's request to facilitate claims payment. The undersigned agrees and understands that, pursuant to Federal law, Blue Cross and Blue Shield of Michigan/Blue Care Network will not release copies of the medical records of the deceased to the undersigned.
5. The undersigned further agrees and understands that Blue Cross and Blue Shield of Michigan/Blue Care Network will not revise or otherwise modify the address or payee information of the deceased as maintained in its records as of the date of death.

The foregoing is the truth to the best of my knowledge, information and belief.

Dated at \_\_\_\_\_ , \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_ .  
(City) (State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone

Sworn and subscribed before me, on \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_ .

**Mailing Instructions**

Please mail completed authorizations to BCBSM, Mail Code X420, 600 E. Lafayette Blvd., Detroit Michigan 48226. Members who need additional assistance completing this form should call a customer service representative at the number on the back of their Blues ID card, or the Blues operator at 313-225-9000. **WE WILL MAIL YOU A COPY OF THIS SIGNED AUTHORIZATION.**

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of Blue Cross Blue Shield Association.