

**European Adoption Consultants, Inc.  
A Non-Profit, 501(c)3, Licensed Adoption Agency**

**AFFIDAVIT OF HEALTH INSURANCE COVERAGE**

Family name/Insured *(name of person carrying policy)* \_\_\_\_\_ Policy No. \_\_\_\_\_

Address: *(address of family)* \_\_\_\_\_ Effective Date \_\_\_\_\_

\_\_\_\_\_  
Telephone Number *(home phone number)* \_\_\_\_\_

Insurance Company *(name of insurance company)* \_\_\_\_\_

Address *(address of insurance company)* \_\_\_\_\_

\_\_\_\_\_  
Telephone Number *(phone number of insurance company)* \_\_\_\_\_

\*\*\*\*\*

The signature on this document serves as verification of health insurance coverage for the above insured family. This verification includes health insurance coverage of their children. The term children or child under the policy includes all lawfully adopted children or children placed in the home for the purpose of adoption who are dependent upon the insured for their support and maintenance. In addition, this signature verifies that this insurance coverage is effective on the day that the child(ren) are adopted and/or the assignment is finalized in the foreign country.

**SPECIAL POLICY TERM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company *(name of insurance company)* \_\_\_\_\_

Agent's Signature *(signature of person verifying insurance, ie. Human Resource Rep.)* \_\_\_\_\_

Verification Date \_\_\_\_\_

\_\_\_\_\_  
Print last name