

**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 for insurance company*) _____

SAMPLE

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:

Policy Limits: _____

Catastrophe Limits (if applicable): _____

Insurance Company (*name of insurance company*) _____

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

Verification Date _____

Print last name