

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

**AFFIDAVIT OF HEALTH INSURANCE COVERAGE**

Family name/Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_ Effective Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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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 \_\_\_\_\_

Agent's Signature \_\_\_\_\_

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

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