

**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 _____

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