

AFFIDAVIT/RELEASE

STATE OF TEXAS
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____
Who, after being duly sworn, deposes and says:

I, _____, am an employee of
_____, and a member of the
Scott & White Health Plan, do hereby state that _____
is my dependent grandchild in accordance with the contractual definition stated in the
Scott & White Health Plan Group Health Care Evidence of Coverage, and this
child is my qualified dependent for federal income tax purposes. As of
_____, my dependent grandchild began residing with me.

Employee

SWORN TO and subscribed before me this _____ day of _____
20____.

Notary Public, State of Texas
My Commission Expires: _____