INSTRUCTIONS FOR COMPLETING DECEASED MEMBER AFFIDAVIT



An Independent Licensee of the Blue Cross Blue Shield Association

Please complete this form to have Blue Cross® Blue Shield® of Arizona (AZ Blue) cancel the membership of an individual who is deceased. If a refund is due, it will be paid to the authorized representative in accordance with any applicable state laws.

How to Use This Form

- Complete all sections of this form.
- If you are simply looking to cancel coverage, please include a copy of the death certificate (the original is not required).
- If you want to cancel coverage AND would like for us to refund any premium or out-of-network provider payment, please include a copy of the death certificate and one (1) of the following:
 - o Letter of Appointment of Personal Representative from a court
 - o Certificate of Trust that includes the following information:
 - Name of the individual who created the trust (the member)
 - Trustee and successor trustee name
 - The signature page

What to Expect

To comply with State of Arizona rules, there is a 30-day waiting period from the date of death until this affidavit can be processed. Once processed, please allow 20 business days to receive any refund due.

Questions? For questions about this form please call the number on the back of your ID card.

Please mail the completed form to:

AZ Blue Attention: Enrollment

P.O. Box 13466, Phoenix, AZ 85002-3466

Fax: 602-864-4041 OR Email: memberhelp@azblue.com

DECEASED MEMBER AFFIDAVIT



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Member Information:
Name:
Member ID:
☐ Cancel membership only (no further action required)
☐ Cancel membership AND process refund based on information below
Personal Representative Information:
I being first duly sworn on oath depose and say that,
Print first and last name
1) The value of all personal property in the decedent's estate, wherever located, less liens and encumbrances, does not exceed the value to qualify for small estate status in the jurisdiction where the estate is located.
2) No application or petition for the appointment of a personal representative is pending in any jurisdiction.
3) I am the successor of the decedent, entitled to decedent's personal property.
4) This affidavit is made to authorize Blue Cross® Blue Shield® of Arizona (AZ Blue) to pay all outstanding claims and premium refunds to me knowing that all statements in this affidavit are true and material and that AZ Blue will rely on the truth of the statements made herein.
5) That in consideration of payments made pursuant to this affidavit, I will indemnify and hold harmless AZ Blue against any claim or demand which may hereafter be made against it by reason of said payment(s) and will reimburse AZ Blue for any costs, expenses, or attorneys' fees incurred in defending against said claim or demand.
Representative Signature:
Address:
City, State, ZIP:

Phone Number:

Please mail the completed form to: **AZ Blue** Attention: Enrollment

Email Address:

P.O. Box 13466, Phoenix, AZ 85002-3466

Fax: 602-864-4041 OR Email: memberhelp@azblue.com

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídítkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídítkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'á doo bááh ílínígóó. Ata' halne'ígíí kojj' bich'j' hodíilnih 877-475-4799.

Chinese: 如果您,或是您正在協助的對象,有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة اللتحدث مع مترجم اتصل ب 479-475-877.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 479-475-877 تماس حاصل نمایید.

Assyrian:

ي، نِسمَن، نِي سَةِ فِخَوِهِهَ وَهِمودَهِهِم تَمَفَى، يَبِمَكُمُومُ فَهِ وَهُمُودُهِهُم وَقَوْدُ حَهِ Blue Cross Blue Shield of Arizona، نِسمَنَ يَسمَنَ يَسمَنَ عَمْنَ، يَبمَكُمُومُ وَهُومُومُهُمُ وَهُوكُمُومُهُمُ وَهُوكُمُومُ وَهُومُومُهُمُ وَهُومُومُ وَهُومُومُ وَهُومُ وَمُعْرَفِهُمُ وَهُومُ وَمُعْرَفُهُمُ وَهُومُ وَهُ وَهُومُ وَهُومُ وَهُومُ وَهُومُ وَهُومُ وهُ وَهُومُ وَالْعُومُ وَالْعُلُومُ وَالْعُومُ وَالْعُومُ وَالْعُمُ وَالْعُومُ وَالْعُلُومُ والْعُومُ وَالْعُومُ والْعُلُومُ و

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกาลังช่วยเหลือมีค่าถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 877-475-4799

Notice of Non-Discrimination

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AZ Blue provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. AZ Blue also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that AZ Blue has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: AZ Blue's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance AZ Blue's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/index.html.