

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:

Email Address: Phone Number:

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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>.