

## Form FEP F18: Affidavit of Next of Kin

This form is intended for BCBSVT Federal Employee Program (FEP) members. The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of, \_\_\_\_\_, who died on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (A copy of the death certificate must be attached hereto.)
2. That my relationship to the deceased is \_\_\_\_\_.
3. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.
4. That this affidavit is made in support of the undersigned's request to facilitate claims payment. The undersigned agrees and understands that, pursuant to Federal law, Blue Cross and Blue Shield of Vermont will not release copies of the medical records of the deceased to the undersigned.
5. The undersigned further agrees and understands that Blue Cross and Blue Shield of Vermont will not revise or otherwise modify the address or payee information of the deceased as maintained in its records as of the date of death.

The foregoing is the truth to the best of my knowledge, information, and belief.

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

City State Day Month

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

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

Sworn and subscribed before me on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires on \_\_\_\_\_

**Please keep a copy of this document for your records and send the completed Authorization via mail to Blue Cross and Blue Shield of Vermont, Attn: FEP Customer Service, PO Box 186, Montpelier, VT 05601-0186, fax to (802) 225-7700, or email [FEPcustomerservice@bcbsvt.com](mailto:FEPcustomerservice@bcbsvt.com).**