



CERTIFICATION OF FINANCIAL DEPENDENCY OF GRANDCHILD(REN)

In accordance with Texas state legislation providing for benefit coverage of a grandchild and the administrative procedures of Cigna and Harris County, I, _____
_____ hereby certify that I am providing more than fifty percent (50%) support for the grandchild(ren) identified in the enrollment application. The said dependent(s) meet all Internal Revenue Service requirements for claiming on my federal income tax return. I understand that I am required to claim said dependent(s) on my federal income tax return for the tax year in which dependent(s) were added to the Harris County medical plan and all subsequent years of coverage. I further agree and understand that I will be required to sign an IRS Form 8821, Tax Information Authorization, authorizing Harris County to inspect and/or receive information on dependents claimed for said tax year. In the event my grandchild(ren) no longer meet the above requirements, I agree to notify Harris County of the cessation of said dependency immediately upon its occurrence.

By signing in the space provided below, I certify to the truth of the foregoing and supportive documentation, submitted or to be submitted in connection herewith and that this certification is in all respects voluntary and knowing. I understand that failure to claim my grandchild on my federal income tax return as a dependent will result in repayment of all claims incurred during the period of coverage.

I further agree that any misrepresentation of fact contained herein or in supportive documentation submitted or to be submitted in connection herewith or the refusal or failure to provide said documentation or any notification, as agreed to herein, shall be grounds for Cigna's denial or immediate rescission of coverage. Cigna shall be entitled to recover any expenses (on Harris County's behalf) incurred or paid due to misrepresentation.

IN WITNESS WHEREOF, I do hereby certify and agree to all of the foregoing on the date set forth below:

Subscriber Name

Employee ID #

Subscriber Signature

Witness Signature

Date

Date