

**MORHEAD STATE UNIVERSITY  
AFFIDAVIT OF SPONSORED DEPENDENT RELATIONSHIP  
for Health Insurance**

The definition of "Sponsored Dependent" is an adult that shares primary residence with the covered MSU employee and has lived with the MSU employee at least 12 months prior to the date of Affidavit, is at least the age of majority, is not a relative (see definition of relative below) and is not employed by the MSU employee.

**Definition of Relatives:** Parents, children, husbands, wives, brothers, sisters, brothers- and sisters-in law, mothers- and fathers-in law, uncles, aunts, cousins, nieces, great nieces, nephews, great nephews, grandmothers, grandfathers, great grandmothers, great grandfathers, sons- and daughters-in law and half- or step-relatives of the same relationships.

We, \_\_\_\_\_ ("Employee") and \_\_\_\_\_  
("Sponsored Dependent"), after being first duly sworn depose and attest to the following:

- We are both at least eighteen (18) years of age and we are mentally competent to contract;
- Neither of us is legally married to another person, nor is either of us a member of another relationship;
- We are sole Sponsored Dependents, and have been in such a relationship for at least twelve (12) months preceding the date of this Affidavit. We have been sole Sponsored Dependents living together continuously since \_\_\_\_\_ (month/day/year), and we intend to remain sole Sponsored Dependents indefinitely;
- Neither of us is related by blood closer than permitted by state law for marriage;
- We understand that a Sponsored Dependent enrolled as a dependent ceases to be an eligible member at the end of the period for which premiums or administrative fees were paid following the termination of such relationship and that the Employee is required to submit an Application for Change within 31 days of the termination of the relationship;
- Proof of common residency is required and is attached to this Affidavit.

We certify, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Sponsored Dependent Signature

**Signatures of both parties must be notarized.**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the above named \_\_\_\_\_ and \_\_\_\_\_, to me known to be the persons described herein, and who executed the foregoing, and swore to its truth.

Before me, \_\_\_\_\_  
Notary Public Signature and Commission Exp. Date