



**AFFIDAVIT OF DISABILITY
FOR OVER AGE DEPENDENT CHILD**

I, _____ hereby certify that _____
Subscriber Name *Dependent Name*

born on _____ is my over age dependent child with a disability and that _____
Date of Birth *Dependent Name*

is dependent on me for mental, physical, emotional or financial support.

For purposes of this Affidavit, I desire to have said dependent child included in my **NetCare Life and Health Insurance** policy.

Certification of disability from a medical physician must accompany this affidavit.

Subscribers Signature

Territory of Guam }
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Municipality of Hagatna }

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public
In and for the territory of Guam
My commission expires _____