STATE OF KANSAS
DEPENDENT GRANDCHILD AFFIDAVIT

The following questions are to be completed by the employee:

1. Employee's name _____ Social Security Number _____

2. Grandchild's name _____ Social Security Number _____

3. Grandchild's date of birth _____

4. List the name of the grandchild's parent and their date of birth:

   _____

5. Do both the grandchild and parent reside in the employee's home? Yes ☐ No ☐
   If not, please list their address:
   _____

6. Do you provide more than half of the grandchild's support? Yes ☐ No ☐

7. Was the grandchild a U.S. citizen, a U.S. national or a resident of the U.S., Canada or Mexico at some time during the tax year? Yes ☐ No ☐

8. Do you have legal custody or have you adopted your grandchild? Yes ☐ No ☐

   If yes, date of Legal Custody or Adoption _____

   Copies of legal custody or adoption documents must be attached to this affidavit.

I hereby certify that the above listed information is true and correct. I agree to notify the State of Kansas Health Benefits Section of any changes in this information.

Employee's signature _____ Date_____

Subscribed and sworn to before me this _____ day of _____ 20___

_____ My commission expires _____, 20____
Notary Public

(SEAL)