



Responsible Party Form

ACTION REQUIRED

I, the undersigned, attest that I am the owner of the policy as outlined on the application and have a right to take actions on the policy and make decisions on behalf of the minor child.

Full Legal Name of Child	Date of Birth / /
Social Security Number	
Child's Member Identification Number	

I, the undersigned, do declare that the foregoing statements are true and correct to the best of my knowledge.

Printed Name of Policy Owner	
Policy Owner's Signature X	Date / /

Please send completed forms to:

ADDRESS	Blue Cross and Blue Shield of Texas P.O. Box 660819, Dallas, TX 75266-0819
OR FAX	800-279-7419