Parent/Stepparent Qualifying Relative Affidavit

☐ HMO offered by Quartz Health Benefit Plans Corporation
☐ POS jointly offered by Quartz Health Benefit Plans Corporation and Quartz Health Insurance Corporation
☐ PPO offered by Quartz Health Insurance Corporation

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(800) 362-3310 • Fax (608) 643-2564
QuartzBenefits.com

MEMBER INFORMATION (Taxpayer for Parent/Stepparent)

Name (first, middle, last):

Employer Group Name:

PARENT OR STEPPARENT INFORMATION

Name (first, middle, last):

Sex: ☐ Male ☐ Female

Street Address:

City:	State:	ZIP Code:

PARENT OR STEPPARENT AS QUALIFYING RELATIVE

A parent or stepparent of a member insured under a Quartz health insurance plan who resides in the Quartz service area is eligible for coverage if the parent/stepparent meets the definition of a "qualifying relative" of the member per 26 U.S.C. 152(d).

The term "qualifying relative" means, with respect to any taxpayer for any taxable year, an individual— (A) who is a father, mother, stepfather, or stepmother to the taxpayer; (B) whose gross income for the calendar year in which such taxable year begins is less than the exemption amount (as defined in section 151(d)); and (C) with respect to whom the taxpayer provides over one-half of the individual's support for the calendar year in which such taxable year begins.

AFFIDAVIT OF PARENT/STEPPARENT AS QUALIFYING RELATIVE

We, _____ (Member Taxpayer) and _____ (Parent/Stepparent) certify that the parent/stepparent satisfies the criteria to be a qualifying relative under 26 U.S.C. 152(d) on (insert date criteria were met) _____.

We have read and understand the qualifying relative requirements of the 26 U.S.C. 152(d) and we hereby certify that the parent/stepparent qualifies as a qualified relative of a member insured under a Quartz health insurance polity. We agree that the giving of false, inaccurate or misleading information may result in the payment of unauthorized benefits and may result in legal, financial and other penalties as provided by law. We further understand that both the Employer and Quartz retain the right to verify, at any time, any and/or all of the information set forth herein.

Member Taxpayer Signature

Parent/Stepparent

Date Signed

Date Signed