



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

## AFFIDAVIT OF NEXT OF KIN

Use this form to manage the protected health information of someone  
who's passed away.

\_\_\_\_\_  
Enrollee ID of deceased member

The undersigned, being first duly sworn, deposes and states:

1. I am the next of kin of \_\_\_\_\_  
who died on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.
2. A copy of the decedent's death certificate is attached.
3. My relationship to the decedent is \_\_\_\_\_.
4. No personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.
5. This affidavit is made in support of my request to facilitate claims payment. I agree and understand that, pursuant to federal law, Blue Cross and Blue Shield of Michigan or its affiliates will not release copies of the medical records of the decedent to me or allow me to change the address of record.

The foregoing is the truth to the best of my knowledge, information and belief.

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
*City State*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Sworn and subscribed before me, on \_\_\_\_\_

\_\_\_\_\_  
Notary public

My commission expires on \_\_\_\_\_

<b>Mailing instructions</b>	<b>Faxing instructions</b>
Please mail completed authorizations to: BCBSM Mail Code <b>X425</b> 600 E. Lafayette Blvd. Detroit, MI 48226	Please fax completed authorizations to: <b>1-866-894-3101.</b>

Members who need additional assistance completing this form should call a customer service representative at the number on the back of their Blues ID card.

