

AFFIDAVIT OF OTHER QUALIFIED ADULT ELIGIBILITY

Employer	
Employee Name	
MESSA Member ID Number	
Other Qualified Adult (OQA) Name	
OQA Social Security Number/MESSA ID	

We declare that we are legally married to each other, our marriage took place in the State of _____ on _____, and we remain married to each other as of this date.

-OR-

We declare, for purposes of obtaining group insurance coverage that we have an existing relationship that meets all of the criteria listed below:

1. We are both 18 years of age or older;
2. We are not related by blood;
3. Neither of us is married;
4. We have a committed financial relationship that has existed for at least six months that is evidenced by the following (check all applicable):
 - a. We are co-owners, co-mortgagees, or co-lessees, of the shared principal residence
 - b. We share financial and legal responsibility for any dependent minor children
 - c. The employee has Durable Power of Attorney for financial matters of the OQA
 - d. We have Durable Power of Attorney for health care of each other
 - e. The employee's will, trust, or estate plan designates the OQA as the beneficiary for any and all employer paid life insurance
 - f. The OQA is designated as a beneficiary in any retirement plan in which the employee participates including an IRA, 401(k), 403(b), or defined benefit plan

We agree to notify MESSA within thirty (30) days if the relationship ends or if any of the above information is no longer applicable or materially changes. We understand that the failure to provide this notice will result in termination of all MESSA coverage for the OQA and could result in liability for claims incurred during any period of coverage subsequent to changes in the relationship.

Dated: _____ Signature of Employee: _____

Dated: _____ Signature of OQA: _____

MESSA agrees to keep this Affidavit confidential and will not disclose it to third parties without the express written permission of the employee.

This document must be notarized before being submitted to MESSA Group Services.

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

, Notary Public
_____ County, Michigan

Acting in _____ County, Michigan

My commission expires: _____