



375 Totten Pond Road, Suite 400 ♦Waltham, MA 02451 ♦whfc.org

Dear Applicant:

As part of your application process, this agency must be in receipt of the enclosed Affidavit of Health Insurance Coverage signed by either your employer or health insurance carrier advising that you have, or are eligible for family coverage which will give your pre-adoptive child full health benefits from the time of his/her arrival in this country or when placement occurs and you take physical custody of the child. I have enclosed a request form that you should mail to your insurance carrier or employer. This form asks the insurance carrier or employer to mail the enclosed Affidavit to Wide Horizons For Children, Inc. to the attention of the Applications Coordinator.

Sincerely,

Applications Coordinator



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**AFFIDAVIT OF HEALTH INSURANCE COVERAGE**

Family Name/Insured: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

.....  
To Insurance Carrier/Employer

The signature on this document serves as verification of health insurance coverage for the above-insured family. This verification includes health insurance coverage of their children. The term "children" also applies to and includes all lawfully adopted child(ren) or child(ren) placed in the home for the purpose of adoption who are dependent upon the insured for their support and maintenance. In addition, this signature verifies that this insurance coverage is effective on the day that such child(ren) begins residing with the above-insured family.

Special Policy Terms:

Insurance Company \_\_\_\_\_

Employer or Agent's Signature \_\_\_\_\_

Verification Date: \_\_\_\_\_

**Please mail to the below address. Attention: Applications Coordinator**