



About this form: The Affidavit for Deceased Members form is used when the family of a deceased member is requesting Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. to issue or reissue a check to the member’s heirs. If the family does not send succession papers, they must fill out this form and have it notarized.

Deceased Member’s Name: _____

Date of Death: _____ **Member ID or Date of Birth:** _____

Address: _____

Sole Heir(s): _____

The following Appearer personally came before me, the undersigned Notary Public:

Appearer’s Printed Name	Date

Who did depose and state the Appearer makes this affidavit of his/her own personal knowledge:

- That the deceased member listed died on the date listed leaving no will;
- That all sole heirs of the deceased member are listed on this form;
- That all sole heirs have authorized the Appearer to make this affidavit;
- That all sole heirs have consented to Blue Cross or HMO Louisiana issuing a check payable solely to the Appearer, representing funds Blue Cross or HMO Louisiana owes the deceased member listed;
Check Number(s): _____
- That Appearer agrees to defend, indemnify, hold harmless and reimburse Blue Cross or HMO Louisiana for any claim by any person or entity claiming a right to the funds reimbursed.

Sworn to and subscribed on this month/day/year: _____ / _____ / _____

Appearer’s Signature

Notary Public

State of Louisiana - Parish

Print Name/La. Bar Roll No.

Where should we send payment?

Address: _____

Please return this notarized form to:

Mail: Correspondence, Blue Cross and Blue Shield of Louisiana; P.O. Box 98029; Baton Rouge, LA 70898-9029

Fax: (225) 297-2727

Email: help@bcbsla.com