

# CERTIFICATION OF PARENTAL OR LEGAL GUARDIAN RIGHTS

I certify that I am the parent or legal guardian of \_\_\_\_\_  
(name of dependent child)

who is age \_\_\_\_\_. I further certify that my parental rights or rights as legal guardian of  
\_\_\_\_\_ have not been terminated.  
(name of dependent child)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your name (please print):** \_\_\_\_\_

Please attach legal documentation that authorizes your status as parent or legal guardian of the above-named child, such as court orders, guardianship papers, or other written proof evidencing your relationship. This Certification will not be valid without the requested supporting documentation. **Please check the box below that identifies which documentation you are including.**

Power of attorney

Court order / decree

Affidavit of guardianship

Other (please explain): \_\_\_\_\_

## Policyholder Information (please print):

Policyholder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Policyholder Group: \_\_\_\_\_

Policyholder Address : \_\_\_\_\_

Policyholder ID Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Policyholder** **Date**

*If policyholder is unavailable to sign, please provide explanation:* \_\_\_\_\_

## PLEASE MAIL OR FAX THIS FORM TO:

VBA  
Attn: Manager of Member Services  
400 Lydia Street, Suite 300  
Carnegie, PA 15106  
Fax: 412-881-4898

