

## INSTRUCTIONS FOR USE OF THIS FORM:

If you are a relative or representative of a Blue Cross and Blue Shield of Nebraska (BCBSNE) member that has passed away, you can use this form to receive a refund of any overpaid premiums that may be owed to the deceased member. The use of this form is voluntary and may be limited or withdrawn by BCBSNE at any time.

1. Print the Name of the Deceased Person (the Decedent): \_\_\_\_\_
2. Print the Decedent's BCBSNE ID Number: \_\_\_\_\_
3. Describe your relationship to the Decedent in the blank provided in paragraph 4 below.
4. Sign the form before a notary public.
5. Mail the form to:  
BCBSNE  
PO Box 3248  
Omaha, NE 68180-0001

## WHEN NOT TO USE THIS FORM:

- In any case where a personal representative has been appointed.
- If any other element stated in the Affidavit would be untrue. In those cases, you (or some other relative of the decedent) should instead talk to a lawyer about appointment as personal representative or administrator of the Decedent's estate.

**AFFIDAVIT FOR TRANSFER OF PERSONAL PROPERTY**

State of Nebraska )  
 ) ss  
County of \_\_\_\_\_ )

The undersigned Affiant upon being first duly sworn does hereby depose and state:

- 1. Thirty (30) days have elapsed since the death of Decedent.
- 2. The value of all personal property in the estate of the Decedent, wherever located, less liens and encumbrances, which does not exceed \$50,000.00.
- 3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 4. Affiant is the successor of the Decedent entitled to require and request the payment or other disposition of claims, premium, or other property in the possession or control of BCBSNE pursuant to Nebraska probate code Section 30-24,125, and that Affiant's entitlement is based upon Affiant's status as (State your relationship to the Decedent, or if you are not related, the basis for claiming that you are entitled to make this request of BCBSNE.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Pursuant to Nebraska probate code Section 30-24,126, BCBSNE's payment, delivery, transfer or issue of personal property or the evidence thereof pursuant to this affidavit is discharged and released to the same extent as if BCBSNE dealt with a personal representative of the decedent. BCBSNE is not required to see to the application of the personal property or evidence thereof, or to inquire into the truth of any statement in this affidavit.

6. Affiant agrees to keep any information provided by BCBSNE confidential and use it only for the purpose of collecting premium or claims payment due from BCBSNE or paying the health care provider(s) who rendered the service(s). Affiant agrees to defend BCBSNE, hold it harmless, and indemnify it for any claims, costs or charges, including reasonable attorney fees, resulting from claims by other relatives of the decedent, a personal representative or by any other person, that the Affiant was not entitled to the information or payments provided by BCBSNE in reliance on this affidavit.

Please provide the following required information.

Affiant Name: \_\_\_\_\_

Affiant Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_

Affiant Telephone Number: \_\_\_\_\_

By: \_\_\_\_\_

Affiant Signature

Subscribed and sworn before me on: \_\_\_\_\_

By: \_\_\_\_\_

Seal: Notary Public