

**CERTIFICATION FOR FOSTER CHILDREN**

I have been informed of the following requirements for certifying foster child eligibility as a Qualifying Life Event (QLE) under the Federal Employees' Group Life Insurance Program:

1. The child must be unmarried and under age 22. (If the child is over age 22, he/she can only be covered if he/she is incapable of self-support because of a disabling condition that began before age 22. I must provide documentation of this to my employing office.);
2. the child must be living with me;
3. the parent-child relationship must be with me, not with the biological parent. This means that I am exercising parental authority, responsibility, and control; I am caring for, supporting, disciplining, and guiding the child; and I am making the decisions about the child's education and medical care;
4. I must be the primary source of financial support for the child; and
5. I must expect to raise the child to adulthood.

I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless:

1. The biological parent dies;
2. The biological parent is imprisoned;
3. The biological parent becomes incapable of caring for the child due to a disability; or
4. I obtain a court order taking parental responsibility away from the biological parent and giving it to me.

This is to certify that: \_\_\_\_\_ [name of child] lives with me; I have a regular parent-child relationship with \_\_\_\_\_ [name of child], as described above; I am the primary source of financial support for \_\_\_\_\_ [name of child]; and I intend to raise \_\_\_\_\_ [name of child] into adulthood.

I will immediately notify my employing office if the child marries, moves out of my home, or ceases to be financially dependent on me.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date