

**MoDOT/MSHP MEDICAL AND LIFE INSURANCE PLAN  
AFFIDAVIT OF LEGAL CITIZENSHIP OR PERMANENT RESIDENCY  
FOR MEMBERS UNDER AGE EIGHTEEN**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_,  
(name of MoDOT/MSHP subscriber)  
personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed to this affidavit,  
who being by me duly sworn, states as follows:

My name is \_\_\_\_\_,  
(name of MoDOT/MSHP subscriber) and I am of sound mind, capable of making this affidavit, and  
personally certify the facts regarding the lawful presence in the United States of my dependent herein stated, as required by Section  
208.009, RSMo.

I am the \_\_\_\_\_ of \_\_\_\_\_ who is applying as an eligible dependent for  
(parent/guardian) (name of dependent applicant under age 18)  
the public benefit (health insurance benefits) provided by the MoDOT/MSHP Medical and Life Insurance Plan (Plan), acting by and  
through the Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP).

I have personal knowledge that the United States of America classifies my dependent as: (check the applicable box)

a United States citizen                       an alien lawfully admitted for permanent residence

I am aware that Missouri law provides that any person who obtains any public benefit by means of a willfully false statement  
or representation, or by willful concealment or failure to report any fact or event required to be reported, or by other fraudulent device,  
shall be guilty of the crime of stealing pursuant to Section 570.030, RSMo, which is a Class D felony for stolen public benefits valued  
between \$750 and \$25,000 (punishable by a term of imprisonment not to exceed 7 years and/or a fine not more than \$10,000 – Sections  
558.011 and 558.002, RSMo), and is a Class C felony for stolen public benefits valued at \$25,000 or more (punishable by a term of  
imprisonment not less than 3 years and not to exceed 10 years and/or a fine not more than \$10,000 – Section 558.011 and 558.002, RSMo).

I recognize that, upon proper submission of this sworn affidavit, my dependent will only be eligible for temporary public  
benefits until such time as his/her legal citizenship or permanent residency in the United States is determined, not to exceed ninety  
days, or as otherwise provided in Section 208.009, RSMo.

I understand that Missouri law requires administrators of public benefits to provide assistance in obtaining appropriate  
documentation to prove citizenship or permanent residency in the United States, and I agree to submit any requests for such assistance  
to the Plan in writing.

I acknowledge that I am signing this affidavit as a free act and deed and not under duress.

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Dependent's Social Security Number or  
Applicable Federal Identification Number

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: