SCHOOLCARE HEALTH BENEFIT PLANS
of the NEW HAMPSHIRE SCHOOL HEALTH CARE COALITION

DEPENDENT CHILD CERTIFICATION FORM

SCHOOLCARE will provide dependent health coverage for qualified dependent children (by blood or by law) subject to the following criteria:

1. Less than 26 years of age;
2. Dependent is unmarried;
3. Dependent is a resident of NH or is enrolled as a student at a public or private institution of higher education; and
4. Dependent is not covered under any other health benefit plan or policy.

I request the following dependent child be added or retained as a dependent on my SCHOOLCARE policy:

Information

Part A:

Subscriber's Name: _____ DOB: _____
Last *First* *M.I.*

SSN or ID number: _____

Part B:

Dependent's Name: _____ DOB: _____
Last *First* *M.I.*

	YES	NO	
Does dependent have other medical coverage?	☐	☐	
Is the dependent married?	☐	☐	
Is the dependent a resident of NH?	☐	☐	If yes, provide address: _____
Is the dependent enrolled as a student at an Institution of higher education?	☐	☐	Name/Address of School: _____

_____

_____

Statement of Certification

Note:
1) When your dependent child no longer meets the eligibility criteria, you must notify your employer within 30 days. Failure to do so may result in your dependent child becoming ineligible for COBRA continuation of coverage.
2) Depending on the circumstances, electing coverage for certain children 19 years of age and older may have tax consequences. Consult with your employer and your tax advisor before electing coverage for a child over 19 years of age.

I represent that the answers given to all questions on this dependent child certification are true and accurate and I understand that they are being relied on by **SCHOOLCARE** and my employer. Any misrepresentation or omission found in this certification that impacts dependent eligibility will result in retroactive termination of medical coverage and any charges incurred will be my liability.

Subscriber Signature: _____ Date: _____

Employer Name: _____

RETURN FORM TO YOUR EMPLOYER