

AGE 19 & OLDER - DEPENDENT CHILD CERTIFICATION FORM

SCHOOLCARE will provide health coverage for qualified dependent children age 19 and older who are the subscriber's children by blood or by law, unmarried and **one** of the following:

1. Under age 25 if the child is a full-time enrolled student at an educational institution.
2. Under age 26, a resident of NH, and 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.

Is the dependent married? YES NO

Is the dependent a full-time enrolled student at an educational institution? YES NO

Name/Address of School: _____

Is the dependent a resident of NH? YES NO

Dependent's Address: _____

Does dependent have other medical coverage? YES NO

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