

DECLARATION OF DISABILITY FOR OVER AGE DEPENDENT CHILD

Enrolled dependent children who would normally lose their eligibility under this plan solely because of age, but who are physically handicapped or mentally retarded, may have their eligibility extended by written application within 31 days of the date the dependent child reaches the age eligibility would otherwise cease. To qualify for this extension, the physically handicapped or mentally retarded dependent child must be incapable of self-sustaining employment and be chiefly dependent upon the subscriber for support and maintenance. This medical certification of disability must accompany the application. A recertification of disability may be required within six months after the initial medical certification and annually thereafter, except in cases of long-term disability.

Subscriber's Name _____ Group Number _____

Member Number _____

Dependent Child's Name _____

I, the undersigned physician certify that _____

is incapable of self-sustaining employment because of _____

(Diagnosis of disabled over age dependent child)

Prognosis _____

Estimated date of ability for self-sustaining employment _____

Physician _____

Date _____

I, the undersigned parent or guardian certify that

(Name) _____ (Date of Birth) is an

unmarried child (including any stepchild, legally adopted child or foster child), is chiefly dependent upon me for support and maintenance, and is incapable of self-sustaining employment by reason of physical handicap or mental retardation.

Parent or Guardian _____

Date _____