

Young Adult Dependent Through Age 29 Certification Form

Subscriber and Dependent Information

SUBSCRIBER'S LAST NAME		SUBSCRIBER'S FIRST NAME		INITIAL
DEPENDENT'S LAST NAME		DEPENDENT'S FIRST NAME		INITIAL
DEPENDENT'S STREET ADDRESS		DEPENDENT'S CITY, STATE, ZIP CODE		
SUBSCRIBER'S IDENTIFICATION #	DEPENDENT'S SOCIAL SECURITY #	DEPENDENT'S DATE OF BIRTH <small>mm / dd / yyyy</small>	DEPENDENT'S PHONE #	

Eligibility Information

Please answer the following:

1-Is the dependent under 30? YES NO

2-What is the dependent's marital status? Single Married, *Please indicate marriage date:* mm / dd / yy Divorced, *Please indicate divorce date:* mm / dd / yy

3-Is the dependent covered by or eligible for employer-sponsored health insurance, Medicare, or a self-insured employer plan? YES NO

4-What is the date which the dependent last had medical coverage? *If known, please indicate:* mm / dd / yy
Please provide a certificate of coverage from previous insurance carrier if the coverage terminated within the past 63 days.

5-Does the dependent live, work, or reside in New York State? YES NO

Acknowledgement and Signature

Please read the following acknowledgement section and sign below (*Subscriber or young adult signature is acceptable*).

I understand and agree that I will be fully responsible for payment of the premium due with respect to the extended dependent coverage being requested.

I hereby certify that the above statements regarding eligibility are complete and correct to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. I have thoroughly read, understand and agree to comply with the terms of the release.

SIGNATURE: _____ **DATE:** _____

Please ensure that all sections are complete, signed, and dated prior to returning. Failure to supply all of the required information may result in delayed processing and/or subsequent return or denial of this request.

Please return completed form to: **Excellus BlueCross BlueShield**
P.O. Box 22999
Rochester, NY 14692

Young Adult eligibility certification form

New York state has passed health laws that give an opportunity to young adults to remain covered under their parents' group health insurance plans.

Under the young adult option of the law, unmarried young adults living, working or residing in New York state will be able to remain covered under their parents' group health insurance plan. This will be possible even if the dependent reaches the age at which he/she would have otherwise aged off the policy, often age 19 or 23, or when no longer a student. To be eligible for this coverage, he/she does not have to be financially dependent on his/her parent.

The young adult must meet these eligibility requirements:

- Must live, work or reside in New York state
- Is age 29 or less
- Is not married
- Is not insured by or eligible for health care coverage through their own employer
- Not covered under Medicare

The law provides two distinct ways in which coverage may be extended: a "make-available" rider and a "young adult option" Some eligible employers may choose the "make-available" rider and define dependents as being young adults through the age of 29..

Subscribers in an eligible employer group that does not choose to offer the "make-available" rider may choose the "young adult option, themselves as a direct-bill option, allowing their young adult the same coverage as the parent or guardian carries. The rate for this option will be equal to a single rate policy.

When does the elected coverage take effect?

- For an election made within 60 days of "aging out," the effective date is the date the young adult would otherwise have lost coverage
- For an election made during the required open enrollment period, after a change in circumstances that newly qualifies the young adult, or the "special election period," the effective date must be no later than 30 days after the election and payment of the first premium

If you have any questions concerning the "make available" or "young adult" law, please contact Customer Service at the phone number listed on your member identification card.