Certification of Dependent Disability

Employee Name: ______________________________
Last Four of SSN: ______________________________
Department ______________________________

Your unmarried child who is totally and permanently disabled may be enrolled* in health and dental insurance regardless of age (The disability must have existed before the child, while an eligible dependent, turned age 27 or while a full-time student.)

Totally and permanently disabled (physically or mentally) is defined as receiving Medicare disability benefits.

Complete the following information on your disabled dependent who is age 27 or older.

Dependent Name: ______________________________ DOB: ____________________

Medicare Number: ______________________________
Effective date for Hospital (Part A): ______________________________
Effective date for Hospital (Part B): ______________________________
When did the disability begin? ______________________________

Dependent Name: ______________________________ DOB: ____________________

Medicare Number: ______________________________
Effective date for Hospital (Part A): ______________________________
Effective date for Hospital (Part B): ______________________________
When did the disability begin? ______________________________

To the best of my knowledge, all statements and answers above are complete and true. I understand fraud or a material misrepresentation regarding dependent eligibility for coverage will result in a termination of coverage of the dependent retroactive to the date eligibility was lost and I will be responsible for the cost of services provided during the period when coverage was in effect while dependent was not eligible for coverage.

If my dependent's status changes, I will notify my agency's Human Resources Associate immediately.

Employee Name (Printed) ______________________________

Employee Signature ______________________________

Signature Date: ______________________________

** Enrollment is subject to all of the State of Iowa Group Insurance Plan rules and regulations. Once you enroll your child, you will not be able to cancel their coverage until the next annual Open Enrollment period unless there is a qualifying event which would allow for cancellation.*

Please submit the completed form to your Human Resources Associate.