

BEACHWOOD CITY SCHOOLS

ADULT DEPENDENT CHILD CERTIFICATION (AGE 19 TO 26)

I hereby request coverage for my dependent child shown below.

Employee Name: _____

Employee Address: _____
Number and Street City State Zip

ADULT DEPENDENT CHILD INFORMATION

All requested information must be provided

Dependent's Name: _____ Relationship to Employee: _____

Date of Birth: ____/____/____ Age: _____ Marital Status: Single Married Divorced Separated

Address: _____
Number and Street City State Zip

Full-Time Student: Yes No Number of Credit Hours: _____ Name of School: _____

Is this dependent employed? Yes No

Name and address of employer: _____

Regardless of the cost, does this employer offer any health insurance for which this Dependent Child is eligible? Yes No

Is this dependent child covered under any other group medical insurance? Yes No

If Yes, identify the other insurance carrier: _____

Policy Number: _____ Policyholder: _____

Is this dependent child eligible for Medicaid or Medicare? Yes No

Certification and Signature

I understand that if this dependent ceases to be an eligible dependent, I am required to submit an Application for Change within 31 days of the termination of the dependency, and the coverage for the dependent will cease at the end of the period for which premiums or administrative fees have been paid.

I certify that all information provided in this form is correct to the best of my knowledge and authorize release of any information requested with respect to this Certification. I understand that my coverage may be rescinded at any time on the basis of any untrue, inaccurate or incomplete answer to any question in this Certification, or any misrepresentation, omission or concealment on this Certification, whether intentional or otherwise. I further understand if coverage is issued, it will be issued in full reliance and in consideration of the information, answers and statements contained herein.

_____/_____
Signature of Beachwood City Schools Employee Date

_____/_____
Signature of Dependent Date

Please return this completed form to the Human Resource Department of Beachwood City Schools

WARNING: Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21).