

Young Adult Dependent Through AGE 29 CERTIFICATION FORM



HEALTH REPUBLIC
INSURANCE OF NEW YORK

1. SUBSCRIBER AND DEPENDENT INFORMATION

Subscriber's Last Name _____ Subscriber's First Name _____ M.I. _____

Subscriber's Member ID # _____

DEPENDENT'S INFORMATION

Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date of Birth (mm/dd/yy) ____ - ____ - ____ Phone _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____

2. ELIGIBILITY REQUIREMENTS

In order to be eligible as a dependent under your plans your child must be:

1. Under 30 years old
2. Unmarried
3. Not eligible for employer-sponsored health insurance that includes medical and hospital benefits, Medicare, or a self-insured employer plan
4. Live, work, or reside in New York State

If the child is being added outside of initial enrollment or open enrollment, he or she must also, within the last 60 days, have moved back to New York State or lost coverage under employer sponsored health insurance.

3. 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.

RETURN THIS FORM TO YOUR GROUP ADMINISTRATOR

Group Administrators Fax to:
1-855-201-7829