



DEPENDENT AGE 19 TO 26 APPLICATION FOR COVERAGE (continued)

4. IRS DEPENDENT AGE 19-26 COVERAGE

My dependent listed on page 2 is a dependent under IRS rules. I have claimed or will claim him/her as an exemption on my federal tax forms filed with the Internal Revenue Service (IRS) for calendar year:

Calendar Year

I have read the important information section on page one of this form. Under the pains and penalties of perjury, I attest that all statements on this form are true. I further understand that if I misrepresent or provide false or incomplete information, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies, at the discretion of the GIC.

Signature of Insured _____ Date _____

5. NON-IRS DEPENDENT AGE 19-26 COVERAGE

My dependent listed on page 2 is not a dependent under IRS rules, but I want to continue coverage for him/her up to age 26 or two years after losing dependent status, whichever occurs first. I understand that there are tax consequences to me. I have stopped or will stop claiming him/her as an exemption on my federal tax forms filed with the Internal Revenue Service (IRS) for calendar year:

Calendar Year

I have read the important information section on page one of this form. Under the pains and penalties of perjury, I attest that all statements on this form are true. I further understand that if I misrepresent or provide false or incomplete information, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies, at the discretion of the GIC.

Signature of Insured _____ Date _____

6. REMOVE DEPENDENT FROM COVERAGE

Check one:

- ____ a) My dependent listed on page 2 married on (fill in date) ____/____/____ and is therefore no longer eligible for GIC coverage.
- ____ b) Please remove my dependent from my GIC coverage. He/She has coverage elsewhere. Enclosed is proof of other coverage (e.g. letter from dependent's employer).

I have read the important information section on page one of this form. Under the pains and penalties of perjury, I attest that all statements on this form are true. I further understand that if I misrepresent or provide false or incomplete information, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies, at the discretion of the GIC.

Signature of Insured _____ Date _____

7. MAILING INSTRUCTIONS

INITIAL ENROLLMENT, GIC DENTAL/VISION ONLY COVERAGE, AND STATUS CHANGES - SEND TO THE GIC
GIC, Dependent Age 19 and Over Unit, P.O. Box 8747, Boston, MA 02114-8747

PLAN RECERTIFICATION - RETURN FORM TO YOUR HEALTH PLAN

- Commonwealth Indemnity Plans:** UniCare, Commonwealth Service Center, P.O. Box 9016, Andover, MA 01810-0916
- Fallon Community Health Plan:** FCHP, One Chestnut Place, Worcester, MA 01608
- Harvard Pilgrim Health Care:** HPHC, Account Services GIC Coordinator, P.O. Box 9185, Quincy, MA 02269
- Health New England:** HNE, One Monarch Place, Springfield, MA 01104
- Tufts Health Plan:** Tufts Health Plan, Commonwealth of MA Enrollment, 705 Mount Auburn Street, P.O. Box 9186, Watertown, MA 02471-9186
- Neighborhood Health Plan:** NHP, 253 Summer Street, Boston, MA 02210

7. FOR GIC AND PLAN USE ONLY

Approved _____ Effective Date ____/____/____ Expiration Date ____/____/____

Denied _____ Reason _____

Reviewed by _____ Date ____/____/____

DEPENDENT AGE 19 TO 26 APPLICATION FOR COVERAGE

1. ALL APPLICANTS MUST COMPLETE THIS SECTION

PLEASE PRINT AND ANSWER ALL QUESTIONS, sign the form after reviewing the terms and conditions, and send the completed form according to the mailing instructions in section 7. Be sure to refer to important information on page one of this application.

Please indicate the reason for your application for "dependent age 19 to 26" coverage:

- Full-time student (complete section 2)
- Handicapped dependent (complete section 3 and apply for coverage with a *GIC Handicapped Dependent Application*.)
- IRS Dependent Age 19-26 (complete section 4)
- Non-IRS Dependent Age 19-26 (complete section 5)
- Remove dependent from GIC coverage (complete section 6)

Name of Insured _____ Insured's Social Security # _____

Address _____ Telephone Number (_____) _____

Place of Employment _____

Name of Dependent _____ Dependent's Social Security # ____/____/____

Relationship to Insured _____ Dependent's Date of Birth ____/____/____

2. FULL-TIME STUDENT COVERAGE

Name of Accredited Educational Institution Student is Attending _____

Address of School _____

City, State, Zip _____

The above student has been accepted or is currently enrolled full-time in the above educational institution.

Date Admitted: _____ Expected date of graduation: Month _____ Year _____

- a. Has he/she been considered full-time since admission? yes no
If no, other than for a medical leave, when was he/she not considered full-time? _____

Part-time students are not eligible for student coverage. *Complete section 4 or 5.*

- b. Is the student on a medical leave of absence? Yes _____ No _____ If yes, leave approved From _____ To _____

I understand that I must notify the GIC when my dependent is no longer a full-time student, withdraws from school, is put on a medical leave of absence from school, the medical leave of absence ends, or my dependent graduates; and I understand that my health plan may, at times, verify with the educational institution my dependent is attending that he/she is enrolled full-time. I have read the important information section on page one of this form. Under the pains and penalties of perjury, I attest that all statements on this form are true. I further understand that if I misrepresent or provide false or incomplete information, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies, at the discretion of the GIC.

Signature of Insured _____ Date _____

3. HANDICAPPED DEPENDENT COVERAGE

My dependent is under age 26 and is mentally or physically incapable of earning his/her own living and has been so prior to age 19 or is permanently and totally disabled. I am applying for handicapped dependent coverage using the GIC's *Handicapped Dependent Coverage* application. I have read the important information section on page one of this form.

Signature of Insured _____ Date _____



Dependent Age 19 to 26 Application for Coverage *Instructions*

Your dependent's insurance coverage status changes on the last date of the month in which he/she turns age 19. **YOU MUST COMPLETE THE ATTACHED FORM IN ORDER TO ENROLL YOUR UNMARRIED DEPENDENT (AGE 19 TO 26) IN HEALTH COVERAGE TAX-FREE IF YOU ARE ENTITLED TO IT.** If you do not complete the enclosed application, your dependent will be defaulted to a coverage status that will result in tax consequences to you, the insured. Complete and return in full the *Dependent Age 19 to 26 Application for Coverage* on pages 2 and 3 of this document prior to the dependent's 19th birthday. Please keep in mind the following dependent considerations:

- Only full-time students at accredited schools are eligible for student coverage.
- Dependents who are under age 26 and who are mentally or physically incapable of earning their own living, or who are permanently and totally disabled, may be eligible for handicapped dependent coverage. Please contact the GIC for a *GIC Handicapped Dependent* application to apply for this coverage.
- If your dependent age 19 to 26 is not a full-time student or a handicapped dependent, he or she may be eligible for continued coverage under the Massachusetts Health Care Reform Act. Dependents who qualify as dependents under IRS rules are eligible for coverage up to age 26 or two years after losing dependent status according to Internal Revenue Code rules, *whichever occurs first*.
- The insured must have family plan coverage.
- Married dependents are not eligible for GIC coverage; complete section 6 of the application.

The GIC will determine coverage eligibility and effective dates. Once approved, your Plan will contact you periodically to verify your dependent's continued eligibility. **IF YOU DO NOT RESPOND TO THESE REQUESTS FOR VERIFICATION, YOUR DEPENDENT'S COVERAGE WILL BE TERMINATED.**

You must notify the GIC when your dependent:

- Is no longer a full-time student at an accredited school
- Withdraws from school
- Is on a medical leave of absence from school or the medical leave of absence ends
- Graduates
- Ceases to be an IRS dependent

At that time, you can apply for continued coverage by completing and returning both pages of the attached form to the GIC.

- For clarification of Internal Revenue Service (IRS) rules for dependents, contact the IRS or a tax professional.
- We can only accept original applications, not photocopies or faxed transmittals.
- Keep a copy of this application for your records.

Questions?
617.727.2310
www.mass.gov/gic