

Declaration of disability for over-age dependent child

Enrolled dependent children who would normally lose their eligibility under this plan solely because of age, but who are disabled by reason of a physically or mentally disabling injury, illness, or condition may have their eligibility extended by written application within 31 days of the date the dependent child reaches the age eligibility would otherwise cease.* To qualify for this extension, the disabled dependent child must be incapable of self-sustaining employment and be chiefly dependent upon the subscriber for support and maintenance. This medical certification of disability must accompany the application unless you and the dependent are already enrolled in a Blue Shield plan. A recertification of disability may be required within two years after the initial medical certification and annually thereafter, except in cases of long-term disability.

Subscriber's name _____

Group number _____ Member number _____

Dependent child's name _____

I, the undersigned physician, certify that _____
(dependent name)

is incapable of self-sustaining employment because of _____
(diagnosis of disabled over age dependent child)

Prognosis _____

Estimated date of ability for self-sustaining employment _____

Physician Date

I, the undersigned parent or guardian, certify that

Name Date of birth

is a child (including any stepchild, legally adopted child or foster child), is chiefly dependent upon me for support and maintenance, and is incapable of self-sustaining employment by reason of physical or mental handicap.

Parent or guardian Date

Please provide the requested information either by fax to **(209) 371-5824**, by email to sguw@blueshieldca.com, or by mail to Blue Shield Small Business Underwriting, 3021 Reynolds Ranch Parkway, Lodi, CA 95240. If you have any questions, please call us at **(888) 834-4263**.

* If the parent or guardian and dependent have not been covered by a Blue Shield health plan prior to the age that dependent eligibility ceases, evidence of current prior dependent coverage will be required. For these situations, the cancellation of coverage notification from the prior carrier will be required.

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Blue Shield of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。