



**INFORMATION**

**You must complete the attached form in order to enroll your eligible dependent in GIC coverage. Your dependent will not have GIC coverage if you do not complete this application.**

**If your dependent's status changes, complete a new Dependent Age 19 and Over Application.**

- Coverage for a dependent who is turning age 19 ends on the last day of the month in which the dependent turns 19, unless this form is completed and returned to the GIC.
- For current insureds, continuous coverage will be allowed after the 19<sup>th</sup> birthday if the GIC receives a continued dependent coverage application within 30 days of the 19<sup>th</sup> birthday. Applications received at the GIC more than 30 days after the dependent's 19<sup>th</sup> birthday will have coverage beginning on the first day of the second month after receipt of the application.
- For new insureds, coverage for the dependent age 19 and over will begin on the new insured's coverage effective date if he/she submits a completed dependent application before the insured's effective date of coverage. Applications received after the insured's effective date of coverage will be processed with a later effective date.
- For all new dependents, a copy of the dependent's certified birth certificate is required.
- 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 event occurs first**.
- For clarification of the Internal Revenue Service (IRS) rules for dependents, contact the IRS or a tax professional as they are the tax experts. Do not contact the GIC.
- If your dependent is a Non-IRS Dependent, you may be subject to imputed income on the value of the full-cost individual premium for the health plan in which you are enrolled.
- Full-time student dependents must attend an accredited school.
- The GIC will determine coverage eligibility and effective dates.
- **The insured must have family plan coverage before we approve this application. If you do not have a family plan, by completing this application you are authorizing GIC to change your coverage to a family plan to add this dependent.**

**INSTRUCTIONS FOR COMPLETING THIS FORM**

**My dependent is:**

**Sections to Complete:**

Full-time student age 19 to 24

Sections 1 and 2

Full-time student age 24 to 26

Sections 1, 2 and 3 or 4

(Full-time students age 24 or over who do not qualify as an IRS dependent or who have been a Non-IRS dependent for the two years may continue coverage by paying 100% of the premium.)

Full-time student age 26 or over

Sections 1 and 2

(You will be charged the full cost premium for this coverage)

Part-time student

Sections 1, 2 and 3 or 4

IRS Dependent and not a full-time student

Sections 1 and 3

IRS Dependent not claimed by either parent

Sections 1 and 4

Non-IRS Dependent and not a full-time student

Sections 1 and 4

Handicapped Dependent

Refer to Section 5 and contact the GIC

**IMPORTANT!** Your health plan or the GIC will contact you periodically to verify your dependent's continued eligibility. IF YOU DO NOT RESPOND TO THESE VERIFICATION REQUESTS, YOUR DEPENDENT'S COVERAGE WILL BE TERMINATED.

(Rev. 3/6/09T)



**DEPENDENT AGE 19 AND OVER APPLICATION FOR COVERAGE**

Please print and answer all questions within the appropriate sections that pertain to your dependent. Sign the completed sections and send application to the GIC, retaining a copy for your records.

**SECTION 1. INSURED/DEPENDENT INFORMATION (Must be completed by all applicants)**

Name of Insured \_\_\_\_\_ Insured's Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Place of Employment \_\_\_\_\_

Name of Dependent \_\_\_\_\_ Dependent's Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Insured \_\_\_\_\_ Dependent's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION 2. STUDENT COVERAGE**

The above dependent has been accepted or is currently enrolled in the educational school listed below:

Name of Student's School \_\_\_\_\_

Address of School \_\_\_\_\_  
Street Address City State Zip

Date Admitted \_\_\_\_\_ Expected date of graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Is your dependent a full-time student? Yes \_\_\_ No \_\_\_

Is your dependent a part-time student? Yes \_\_\_ No \_\_\_

Is your dependent on a medical leave from school? Yes \_\_\_ No \_\_\_ Dates of Leave \_\_\_\_\_ to \_\_\_\_\_

***Under the pains and penalties of perjury, I attest that all statements I have made on this form are true. I understand that if I misrepresent or provide false or incomplete information on this form or fail to notify the GIC of my dependent's status change, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies and financial consequences, at the GIC's discretion.***

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3. IRS DEPENDENT COVERAGE**

My dependent named in Section 1 is a dependent under IRS rules. I will or the dependent's other parent will claim him/her as an exemption on federal tax forms filed with the Internal Revenue Service (IRS):

Calendar Year 2009 Yes \_\_\_\_\_

***Under the pains and penalties of perjury, I attest that all statements I have made on this form are true. I understand that if I misrepresent or provide false or incomplete information on this form or fail to notify the GIC of my dependent's status change, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies and financial consequences, at the GIC's discretion.***

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

(Rev. 3/6/09T)



**DEPENDENT AGE 19 AND OVER APPLICATION FOR COVERAGE**

**SECTION 4. NON-IRS DEPENDENT AGE 19 TO 26 COVERAGE**

This section is for insureds who are not eligible for the Federal dependency exemption for calendar year 2009 or who are eligible for the Federal dependency exemption but neither parent will claim the exemption.

If you are **not eligible** for the Federal dependency exemption, please answer questions 1 and 3.

If you are **eligible** for the Federal dependency exemption, but did not take the exemption, please answer questions 2 and 3.

**In 2009**

1. Will your child receive over half of his or her support from you and/or the other parent? Yes \_\_\_\_ No \_\_\_\_

2. Are you or the child's other parent eligible to take the Federal dependency exemption for Federal income tax purposes, but neither parent took the exemption? (For example, a parent eligible to take the dependency exemption for a child may elect to forego the exemption in order to allow the child to take a Federal education credit on the child's Federal income tax return) Yes \_\_\_\_

3. Did you or the child's other parent take the Federal dependency exemption for your child in calendar year 2008 and 2007?

Calendar Year 2008 Yes \_\_\_\_ No \_\_\_\_

Calendar Year 2007 Yes \_\_\_\_ No \_\_\_\_

*Under the pains and penalties of perjury, I attest that all statements I have made on this form are true. I understand that if I misrepresent or provide false or incomplete information on this form or fail to notify the GIC of my dependent's status change, my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies and financial consequences, at the GIC's discretion.*

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5. HANDICAPPED DEPENDENT COVERAGE**

If your dependent 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 and became so after age 18 and is under age 26, please contact the GIC's Continued Coverage Unit at (617) 727-2310, ext. 5 for a Handicapped Dependent application.

**MAILING INSTRUCTIONS**

GIC will only accept original applications, not photocopies or faxed transmittals. Keep a copy of this application for your records and send completed application to: **Group Insurance Commission, Continued Coverage Unit, P.O. Box 8747, Boston, MA 02114-8747**

**FOR GIC USE ONLY**

APPROVED \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
DENIED \_\_\_\_\_ Reason \_\_\_\_\_ Date \_\_\_\_\_

(Rev. 3/6/09T)