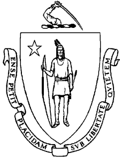


Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

DEPENDENT AGE 19 AND OVER APPLICATION FOR COVERAGE

www.mass.gov/gic **(617) 727-2310 ext. 1 or 5**

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. Incomplete applications will be returned. Upon receipt of a complete application, the GIC will determine coverage eligibility and effective dates.

If your dependent's status changes, you must 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 19th birthday if the GIC receives a continued dependent coverage application within 30 days of the 19th birthday. Applications received at the GIC more than 30 days after the dependent's 19th 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 showing parental relationship 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 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.**
- 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.**

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

SECTION 1. INSURED/DEPENDENT INFORMATION (This section must be completed in full by every applicant)

Name of Insured ____ Insured's Social Security # _______/_____/_______

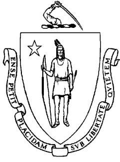
Address ____ Telephone #____________________

City/State____ Zip code _____________

Place of Employment ____

Name of Dependent ___________________________________ Dependent's Social Security #_______/_____/_______

Relationship to Insured ________________________________ Dependent's Date of Birth ______/_____/_______



Commonwealth of Massachusetts Group Insurance Commission
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DEPENDENT AGE 19 AND OVER APPLICATION FOR COVERAGE

SECTION 2. DEPENDENT STATUS

I am applying for (*please check ONE only*):	**Sections to Complete:**
___ Full-time student age 19 to 24	Sections 1, 2 and 3
___ Full-time student age 24 to 26 (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.)	Sections 1, 2, 3 and 4 *or* 5
___ Full-time student age 26 or over (You will be charged the full cost premium for this coverage)	Sections 1, 2 and 3
___ Part-time student	Sections 1, 2, 3 and 4 *or* 5
___ IRS Dependent and not a full-time student	Sections 1, 2 and 4
___ IRS Dependent not claimed by either parent	Sections 1, 2 and 5
___ Non-IRS Dependent and not a full-time student	Sections 1, 2 and 5
___ Handicapped Dependent	Refer to Section 6 and contact the GIC or see the GIC's website for a Handicapped Dependent Application

SECTION 3. 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** ______________

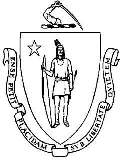
SECTION 4. IRS DEPENDENT COVERAGE

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 2010 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** ______________



Commonwealth of Massachusetts Group Insurance Commission
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DEPENDENT AGE 19 AND OVER APPLICATION FOR COVERAGE

SECTION 5. 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 2010 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 2010

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 2009 and 2008?

Calendar Year 2009 Yes _____ No _____
Calendar Year 2008 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 6. 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 or visit the GIC's website for a Handicapped Dependent application.

MAILING INSTRUCTIONS

The GIC will only accept original applications, not photocopies or faxed transmittals. Keep a copy of this application for your records and send all three pages of 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