

DEPENDENT AGES 19 TO 26 ENROLLMENT APPLICATION

You may apply for coverage for your dependent age 19 to 26 as a new employee, when he/she turns age 19, during the GIC's Annual Enrollment period, or with proof of loss of other health insurance coverage.

OPTION 1 – PATIENT PROTECTION AND AFFORDABLE CARE ACT

(Most dependents will be eligible for coverage under this option.)

Eligibility for Coverage Under the Patient Protection and Affordable Care Act (PPACA)

The Patient Protection and Affordable Care Act is effective July 1, 2011. Your adult son or daughter, stepchild, adopted child, and eligible foster child may be eligible to join or remain on your plan whether or not they are married; living with you; in school, financially dependent on you; or eligible to enroll in their employer's plan. To apply, please complete the application on page 2, check Option 1, sign the application and mail to the GIC. **Please note that if your dependent is not one of the relationships listed, and is not eligible for coverage under the Patient Protection and Affordable Care Act, you may apply for coverage for your dependent under Massachusetts health care reform as a full-time student, an IRS-dependent or Non-IRS dependent.** If your dependent lives outside of the health plans service area, the entire family must enroll in UniCare State Indemnity Plan/Basic, unless this dependent is a full-time student. If your dependent is a full-time student living out of state, complete Option 2 for full-time student coverage.

Required Documents for Option 1:

Children/Stepchildren – Copy of Birth Certificate showing parent-child relationship of insured or insured's spouse

Adopted Children – Copy of Proof of Placement Letter or Adoption

Eligible Foster Child – Copy of Proof of Placement Letter or Court Order

(An eligible foster child is an individual who is placed by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.)

If you have not previously submitted proof of relationship for the dependent you plan to cover, you will need to attach to this form copies of the required documentation.

-OR-

OPTION 2 – MASSACHUSETTS HEALTH CARE REFORM

Eligibility for Coverage Under Massachusetts Health Care Reform

If your dependent is not one of the relationships listed in Option 1 above and is, therefore, not eligible for coverage under the Patient Protection and Affordable Care Act, you may apply for coverage for your dependent under Massachusetts health care reform as a full-time student in an accredited school, an IRS-dependent or Non-IRS dependent. 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. To apply, please complete the application on page 2, check Option 2, sign the application and mail to the GIC.

Required Documents for Option 2:

The GIC may require proof of relationship for the dependent you plan to cover and will contact you for any documents, if necessary. If you are enrolling your dependent as a full-time student, you may need to provide proof of full-time student status.

-OR-

OPTION 3 – HANDICAPPED DEPENDENT COVERAGE

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, www.mass.gov/gic, for a Handicapped Dependent application.

Enrollment

Parents may enroll/re-enroll children who are ages 19 to 26 and meet the criteria by completing this application. Please print and answer all questions and include any required documents. Sign and send to the GIC, retaining a copy for your records. The insured must have family plan coverage in order for the application to be approved. 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. ***Upon receipt of a complete application, the GIC will determine coverage eligibility and effective dates.***

If you have any questions concerning coverage for dependents ages 19-26, call the GIC at 617-727-2310 ext. 1 or 5.

DEPENDENT AGES 19 TO 26 ENROLLMENT APPLICATION

Name of Insured _____ Social Security # _____ / ____ / ____
(Required)

Street Address _____

Telephone # _____

City _____ State _____ Zip Code _____

Name of Child/Dependent _____ Social Security # _____ / ____ / ____
(Required)

Street Address (if different from insured) _____

Dependent's Date of Birth ____ / ____ / ____

City _____ State _____ Zip Code _____

Relationship to Insured _____

PLEASE CHECK ONLY ONE OF THE FOLLOWING OPTIONS AND SIGN THE APPLICATION OR YOUR FORM WILL BE RETURNED TO YOU.

OPTION 1:

____ Enroll my child ages 19 to 26 in health coverage under the Patient Protection and Affordable Care Act.

-OR-

OPTION 2:

____ My dependent is a full-time student living out of my health plan's service area. I am electing this coverage rather than coverage through the Patient Protection and Affordable Care Act so that I can remain in my current health plan.

____ Enroll my dependent in health coverage under Massachusetts health care reform as an IRS Dependent. I claim my dependent as a federal tax dependent. Last tax filing year claimed: _____

____ Enroll my dependent in health coverage under Massachusetts health care reform as a Non-IRS Dependent. I do not claim my child as a federal tax dependent. Last tax filing year claimed: _____

Signature of Insured _____ **Date** _____

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 my GIC coverage may be terminated (possibly retroactively), in addition to other legal remedies and financial consequences, at the GIC's discretion.

Return to: Group Insurance Commission, PO Box 8747, Boston, MA 02114
Upon receipt of a complete application, the GIC will determine coverage eligibility and effective dates.

FOR GIC USE ONLY

APPROVED _____ Effective Date _____ Expiration Date _____

DENIED _____ Reason _____

Reviewed by: _____ Date _____