



**REQUEST FOR COVERAGE FOR A DEPENDENT CHILD WHO IS DISABLED DUE TO MENTAL ILLNESS, MENTAL RETARDATION, PHYSICAL HANDICAP OR DEVELOPMENTAL DISABILITY**

Under the applicable provisions of The Insurance Law of New York State, a mentally retarded, mentally ill, physically handicapped, or developmentally disabled child will be considered a dependent under a family contract regardless of age, provided the child:

- Has not married
- Become mentally retarded, mentally ill, physically handicapped, developmentally disabled before reaching the age at which dependent coverage would otherwise terminate.
- Is incapable of self-sustaining employment and proof of such incapacity has been submitted within thirty-one days of such dependents attainment of the termination age.

Neither a reduction in work capability nor inability to find employment is, in itself, evidence of eligibility. If a mentally retarded, mentally ill, physically handicapped, and developmentally disabled child is working, the extent of his/her earning capacity will be evaluated. He/she must be chiefly dependent upon the subscriber for support and maintenance. A child who is continued as a dependent under a family contract is eligible for all the benefits of that contract.

| SECTION 1 TO BE COMPLETED BY SUBSCRIBER   |  |  |     |   |
|---|--|--|-----|---|
| Name of Subscriber  |  | Name of Dependent Child                      |     | HIP Number  |
| Address of Subscriber   |  | Dependent's Date of Birth                    |     | Dependent's Marital Status:<br><input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED<br><input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED |
|   |  | Month  | Day |   |
| Was Dependent Child Ever Institutionalized?<br><input type="checkbox"/> NO<br><input type="checkbox"/> YES  |  | If YES give Name & Address if Institution(s) |     | Period of Confinement:<br>From:                      To:  |
| Was Dependent Child Ever Employed for Wages?<br><input type="checkbox"/> NO<br><input type="checkbox"/> YES |  |  |     | Average Weekly Earnings<br>\$   |
| If YES give Name/Address of Current or Last Employer.   |  |  |     |   |
| Signature of Parent or Legal Guardian   |  |  |     | Date Signed   |

