University of San Francisco Certification of Qualified Dependent Status

For each eligible dependent age 19 to age 26

Health Care Reform requires healthcare plans to extend coverage to eligible dependents until the day of their 26th birthday, regardless of marital student or financial status and do not have access to or are enrolled in any employer-sponsored group health coverage. Please provide the below information for dependents age 19-26 who ARE NOT CURRENTLY COVERED under USF's health plans.

Member Last Name **First Name** **MI** **Social Security Number**

Dependent's Last Name **First Name** **MI** **Social Security Number**

Dependent's Date of Birth: ____ / _____/ _____ **Dependent's Gender**: ❒ Male ❒ Female

Relationship: ❒Biological child ❒Adopted child ❒Step child ❒Legal guardianship ❒Dependent child of LDA

Enroll my dependent in my: ❒Medical plan ❒Dental plan ❒Vision plan *Selections require completed enrollment forms

Required Documents

1. Certification of Qualified Dependent Status, **AND**

2. Check and provide **ONE** of the following (even if previously provided):

❒ Copy of dependent's official State birth certificate* (must show employee/retiree or spouse/domestic partner as parent),
OR
❒ Copy of final adoption decree* signed by judge (showing employee/retiree or spouse/domestic partner as the parent),
OR
❒ Copy of court order confirming the employee/retiree has permanent legal custody.

**For a step child, also provide a copy of the official State marriage certificate. For a domestic partner's dependent, also provide a copy of the Affidavit for Domestic Partnership.*

3. University of San Francisco Group Insurance Election Form, if applicable.

Is your dependent currently employed? ❒ Yes ❒ No

If yes, employer's name and address: _____

_____

Is your dependent eligible for his/her own employer-sponsored health coverage? ❒ Yes ❒ No

Is your dependent married? ❒ Yes ❒ No

If yes, is your dependent eligible for health coverage through his/her spouse's employer-sponsored health plan? ❒ Yes ❒ No

I understand that:

Enrollment for benefits to which my dependents or I am not entitled is fraud.

If I misrepresent the eligibility of myself or my dependents, fail to take the necessary action to remove ineligible dependents, or in any way obtain benefits to which my dependents are not entitled, my benefits will be canceled, I will be required to repay any claims which have been paid inappropriately, and I may face criminal charges or termination from USF's employment.

University of San Francisco reserves the right to request additional documentation.

I affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, and belief.

✍ _____

Signature of Member **Date**