



**AFFIDAVIT OF DISABILITY
FOR OVER-AGE DEPENDENT CHILD**

The dependent child coverage may continue beyond the dependent maximum age limit if the child is and continues to meet both of the following criteria: (a) incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition, and (b) chiefly dependent upon the subscriber for support and maintenance. For continuation of benefits for the dependent child, complete and submit this form no later than 30 days before your dependent reaches the maximum age limit in your policy (within 60 days from receiving the dependent maximum age limit notice). A recertification of disability may be required annually after the two-year period following the child's attainment of the maximum age limit, except in cases of long-term disability.

Subscriber's Name _____ Subscriber's ID _____
Group Number _____ Dependent Child's Name _____

I. PHYSICIAN DECLARATION

I, the undersigned physician certify that _____ is
(Dependent Child's Name)
incapable of self-sustaining employment because of _____

(Diagnosis of disabled over-age dependent child)

Prognosis _____
Estimated date of ability for self-sustaining employment _____

Print Physician Name Physician Signature Date

II. PARENT/GUARDIAN DECLARATION

I, the undersigned parent or guardian certifies that

Dependent Child's Name Date of Birth

is an unmarried child (including any stepchild, legally adopted child or foster child), is chiefly dependent upon me for support and maintenance, and is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition.

Print Parent/Guardian Name Parent/Guardian Signature Date