



Blue Shield
of California

An Independent Member
of the Blue Shield Association

DECLARATION OF DISABILITY FOR OVER AGE DEPENDENT CHILD

Enrolled dependent children who would normally lose their eligibility under this plan solely because of age, but who are physically or mentally handicapped, may have their eligibility extended by written application within 31 days of the date the dependent child reaches the age *eligibility would otherwise cease. To qualify for this extension, the physically or mentally handicapped dependent child must be incapable of self-sustaining employment and be chiefly dependent upon the subscriber for support and maintenance. This medical certification of disability must accompany the application. A recertification of disability may be required within six months after the initial medical certification and annually thereafter, except in cases of long-term disability.

Subscriber's Name _____ Group Number _____

Member Number _____

Dependent Child's Name _____

I, the undersigned physician certify that _____
is incapable of self-sustaining employment because of _____

(Diagnosis of disabled over age dependent child)

Prognosis _____

Estimated date of ability for self-sustaining employment _____

Physician _____ Date _____

I, the undersigned parent or guardian certify that

_____, _____ is an
(Name) (Date of Birth)

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 physical or mental handicap.

Parent or Guardian _____ Date _____

*If the Parent or guardian and dependent have not been on a Blue Shield of CA health plan prior to the age that eligibility ceases, evidence of current prior dependent coverage will be required. For these situations the HIPPA certificate from the prior carrier will be required.