

City of Lowell
Extended Dependent Coverage for Health Insurance

APPLICATION & AFFIDAVIT FORM

(Please send completed form to Human Relations)

Beginning July 1, 2011, the City of Lowell's health insurance plans will provide extended coverage for qualified dependents up to the age of 26 years. Eligible dependents must not have any employer-based coverage available to them. Unlike previous years, there is no requirement for the dependent to be a full-time student. Please return the completed verification form to Human Relations for coverage to begin on July 1, 2011. Please call 978-970-4105 for more information.

Subscriber's Name: _____ Social Security Number: _____

Subscriber's Address: _____ City: _____ State: _____ Zip: _____

Subscriber Status: Retiree Active Employee: Department: _____

In case we have questions, what is the best way to reach you? _____

Name of Dependent: _____ Social Security Number: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Relationship to Subscriber: Son Daughter Other: _____

Employment Status: Unemployed Employed – Dependent's Employer: _____

If dependent is employed, does your dependent have medical coverage available from his/her employer?

If YES: Your dependent is NOT eligible for extended dependent coverage under your family plan

If NO: When/if your dependent becomes eligible for employer-based coverage, you MUST notify HR.

Marital Status: Single Married - Does dependent have coverage through spouse's employer? Yes No

Has dependent ever been enrolled in a City of Lowell health plan? Yes No

If NO, subscriber must provide documentation of eligibility; Is a birth certificate attached? Yes No

AFFIDAVIT OF DEPENDENT STATUS & MANDATORY NOTIFICATION OF CHANGE IN STATUS

I certify that my child, _____, is not eligible for group health insurance (either through his/her employer or his/her spouse's employer), and therefore is eligible to join my health insurance plan through the City of Lowell up until he/she turns age 26. I also certify that I will immediately inform the City of Lowell Human Relations Office at 978-970-4105 if my child becomes eligible for group health insurance (either through his/her employer or his/her spouse's employer) at a later date.

Subscriber's Signature

Date

Completed form must be received in the Human Relations Office to ensure coverage on July 1, 2011:

- By email: ssouthworth@lowellma.gov or fax: 978-446-7102
- In person or by mail: Lowell Human Relations Office, 375 Merrimack St., Room 19, Lowell, MA 01852

For more info visit www.lowellma.gov/dept/hr or email ssouthworth@lowellma.gov or call 978-970-4105