CALIFORNIA'S VALUED TRUST
Healthcare Benefits for the Education Community

Request For Continuation of Coverage For Handicapped or Disabled Dependent

Subscriber Name	CVT Medical Identification Number (found on ID card) or Social Security #	Group Number (found on ID card)
Subscriber's Address (Please Check if new address ☐)		
Dependent's Name	Dependent's Social Security Number	Dependent's Date of Birth

Dependent's Marital Status: ☐ Single ☐ Married

Has Dependent been deemed disabled by the Social Security Administration? ☐ Yes ☐ No If Yes, effective date ____________

Is Dependent currently enrolled in Medicare? ☐ Yes ☐ No If Yes, effective date ________________________
Circle all that apply: Medicare A B D

Does the dependent rely on the subscriber and/or subscriber's spouse to contribute at least 50% of the cost of the dependent's support and maintenance (defined as customary living expenses such as housing, transportation, food, medical care, clothing etc.)? ☐ Yes ☐ No

A handicapped/disabled child is an eligible dependent and may not be terminated as a dependent under a family health insurance plan upon attaining the limiting age of the plan provided the dependent:

- Is not married.
- Became handicapped or disabled before the plans limiting age.
- Is incapable of self-sustaining employment by reason of handicap or disability.
- Is at least 50% dependent upon the policyholder for support and maintenance.

And provided that:

Proof of such incapacity and dependence is documented. The employee must submit a completed Handicapped or Disabled Child Attending Physician's Statement (copy attached), along with the above information to his/her employer to establish coverage beyond the plans limiting age.

Continuation of dependent coverage will cease on the first to occur:

- Cessation of handicap or disability.
- Failure to give proof that the handicap or disability continues.
- Termination of your dependent child coverage for reason other than reaching the maximum age.

You and will be notified of the denial or approval of this request. We reserve the right to request future reviews and documentation for handicapped/disabled dependents.

Please note: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I certify that information provided on this application is correct to the best of my knowledge and authorize release of any information requested with respect to the certification of handicapped status for my dependent.

____ ____________________
Subscriber's signature Date

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Handicapped or Disabled Dependent Attending Physician's Statement

Subscriber Instructions:
▪ Complete Sections 1-2

Attending Physician Instructions:
▪ Complete Sections 4-6 and return the completed form to employee.

Section		
1. Subscriber Information	Subscriber Name	CVT Medical Identification Number (found on ID card)
2. Dependent Child Information	Name	Date of Birth
3. Physician's Statement If there is not enough room please attach a history to this form.	A. Diagnosis (please also list ICD9 Code)	
	B. When did disability start?	
	C. Date you first attended dependent	D. Last date patient was seen
	E. Degree of incapacity	
	F. How long has the mental or physical incapacity existed?	
	G. How long is this incapacity expected to continue?	
	H. Treatment	
	I. Results of special studies	
	J. Current condition	
	K. Prognosis	
	L. In your opinion, is the dependent capable of self support? ☐ Yes ☐ No Please explain.	
	M. Can this dependent perform any type of work? ☐ Yes ☐ No Please explain	
4. Other Treating Physicians	Please list the name/address and telephone number of all the physicians or other health care providers you are aware of that are currently treating this dependent for his or her mental/physical incapacity	
5. Attending Physician Information	Attending Physician's Name & Address (include street, city, state & zip code)	
	Attending Physician's Signature	Date
6. Misrepresentation	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Attention California Residents:** For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison, and substantial civil penalties. Many other states have similar laws. **Attention Colorado Residents:** An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division. **Attention DC Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Attention Florida and Virginia Residents:** Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. **Attention Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.	