

DEPENDENT STATUS VERIFICATION

Your dental/vision plan provides coverage for dependent children to the age of 19. In order to continue coverage from age 19 to age 23 (or maximum age determined by your employer), your dependent child must meet at least one of the requirements listed in Section 2. Please complete all information in Section 1 and check the appropriate condition for continued coverage in Section 2. Please return this form by fax or mail.

If your dependent does not meet at least one of the requirements in Section 2, please contact our Member Services Department at (800) 995-4124 for information on how to enroll in one of our individual dental plans.

1. Employee/Dependent Information

Employee's Name		Social Security/Member ID#
Street Address	City/State/Zip	
Employer Name and Address		Group #
Dependent's Name		Dependent's Birthdate (MM/DD/YY)

2. Conditions for Continued Coverage Beyond Age 19

My unmarried dependent child named above is currently enrolled as a full-time student (for 12 or more credits) in a properly accredited college, university, vocational or technical school, and is fully dependent upon me for support.

Number of credits _____

Current enrollment period ends ____/____/____ Expected date of graduation ____/____/____

Name of School: _____

Address of School: _____

I, or my spouse who is covered under the same benefit plan, am legally required to provide group health coverage for my dependent child named above pursuant to an administrative or court order .

My dependent child named above is incapable of self support due to continuing mental retardation or physical disability and is chiefly dependent on me for support. (Please attach written proof from a Physician of such disability).

I understand that Golden West may require proof of continuing dependency or disability from time to time, but no more than once per year.

Signature of Insured: _____ **Date** ____/____/____

Important Note: Any person who knowingly and with intent to defraud any insurance company or other person files a 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. Any statement made by the applicant under this Verification Form will be deemed a representation and not a warranty.