



GUARDIAN®

Dependent Eligibility Certification Form

| General Information | |
|--|--------------------------|
| Member Name: | Group Plan #: |
| Dependent Name: | Dependent Date of Birth: |
| Member Address: | |
| Member SS#: | |
| Student Certification | |
| 1. Is the dependent a full-time student at an accredited public or private institution of higher education? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of school in which dependent is enrolled: _____ | |
| 2. Address of school: _____ | |
| 3. Telephone # of school: _____ | |
| 4. Expected date of graduation (if this year): <u> </u> / <u> </u> / <u> </u> mm / dd / yy | |
| 6. Student ID#: _____ | |
| Adult Dependent Certification | |
| Is your dependent child: | |
| 1. <input type="checkbox"/> YES <input type="checkbox"/> NO under age 28? | |
| 2. <input type="checkbox"/> YES <input type="checkbox"/> NO unmarried? | |
| 3. <input type="checkbox"/> YES <input type="checkbox"/> NO is a resident of Ohio; | |
| 4. <input type="checkbox"/> YES <input type="checkbox"/> NO is a full-time student at an accredited public or private institution of higher education? | |
| 5. <input type="checkbox"/> YES <input type="checkbox"/> NO insured by or eligible for health insurance through his or her employer? | |
| 6. <input type="checkbox"/> YES <input type="checkbox"/> NO is not eligible for Medicare/Medicaid? | |
| Disability Certification | |
| 1. Is dependent now incapable of self –support because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2. Age of dependent when disability occurred: _____ | |
| 3. Nature of disability (Please provide as much detail as possible): _____ _____ | |
| 4. Prognosis (estimate months or years): _____ | |
| 5. Name and address of Primary Care Physician: _____ _____ _____ | |

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUEST IN REGARD TO THE CERTIFICATION.

Member Signature _____

Date Signed _____

Any person who includes any false or misleading information on an application for insurance commits a fraudulent insurance act and is subject to criminal and civil penalties.

Please complete and return the dependent certification form in the envelope provided.