

## Continued Coverage for Disabled Dependent Policy



Updated June 4, 2005

An unmarried child reaching the limiting age may continue to be an eligible dependent while the child is and continues to be both incapable of self-sustaining employment by reason of a permanent developmental disability or physical or mental handicap and chiefly dependent upon the subscriber for support and maintenance.

The member must provide proof of such child's disability to Samaritan Choice Plans either before loss of eligibility or within 60 days after the child would otherwise become ineligible for coverage under the terms of the contract. Proof of incapability shall be submitted to Samaritan Choice Plans in the form of medical records that document history, diagnosis, prognosis, extent of disability, and permanency of disability. The Samaritan Choice Plans Medical Director will review the documentation submitted and make a determination within 30 days of receipt.

Samaritan Choice Plans may periodically require the subscriber to submit proof of the child's continuing incapacity provided that such proof shall not be required more frequently than annually after the first two year period; following the date upon which the child would otherwise become ineligible for coverage; but for the child's incapacity and dependency. In addition, a child of the subscriber will be eligible for coverage under the contract when required by a Qualified Medical Child Support Order (QMCSO) as defined in the Employment Retirement Income Security Act (ERISA) of 1974, as amended.

# DISABLED DEPENDENT CERTIFICATION APPLICATION



TO BE COMPLETED BY THE MEMBER			
Last name	First name	Middle initial	Member ID #
Address		Dependent's address (if not residing with Member)	
Name of dependent	Dependent's birthdate	Dependent's marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Dependent's relationship to you	Dependent's sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Dependent's age when disability occurred	
Is dependent supported by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what part of support do you contribute?	
Was dependent ever employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is dependent employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, list names and addresses of employers and date employed in area below.	
Is dependent now covered under any other hospital, medical and/or surgical coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, list name of company and group or policy #	Is dependent now on Medicare or eligible in next six months: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list Medicare #:

I hereby certify that the above information is correct to the best of my knowledge and authorize release of any information requested with respect to this certification.

Member's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

TO BE COMPLETED BY THE ATTENDING PHYSICIAN		
Is the child now incapable of self-support because of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has such disability existed continuously before child attained age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prognosis estimate in months or years:
Nature of disability/diagnosis		
Severity of disability		
Please list specific functional disabilities causing dependent status		
Will dependent ever be able to provide self-support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly – please explain:		
Name and address of physician (please print)	Telephone	Date of last appointment

I hereby certify that the above information is correct to the best of my knowledge.

Physician's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Fax form to (541) 768-6701 or mail to Samaritan Choice Plans at PO Box 336, Corvallis OR 97330. You can also send via interoffice mail to Samaritan Choice Plans, Avery Square, Suite 101.** Questions? Call Samaritan Choice Member Services at (541) 768-5216, or toll free at 1-866-300-4100.