



Date: July 6, 2009

To: Egyptian Health Plan Participants and Dependent Children age 19 to 25

From: Meritain Health

Re: Dependent Verification Form for Dependent Children Over Age 19 – ACTION REQUIRED

If you have received this letter it is because our records indicate you are either a covered dependent child or you currently have a dependent child or children enrolled in one of the Egyptian sponsored Plans who is over age 19. Please review this information carefully as we are providing it to you in an effort to avoid any delays in claims processing or prescription drug fills.

As the Plan Document states, the Egyptian Trust Health Plan allows participating Employees to continue coverage for dependent children age 19 and over in the following cases:

Dependent unmarried children age 19 to 25 (Effective September 1, 2009 this is extended to age 26) are eligible dependents provided they are either:

- registered as full-time students for the current or next school session (semester, trimester or other period), or
- currently dependent on the Employee for over half of their support.

You will be required to provide the Plan with written proof of dependency (evidence of full-time student status, certification from the Employee or other evidence). A copy of the Dependent Verification form is included with this letter and must be completed in order to continue coverage 9/1/09.

In accordance with such provisions, **it is your responsibility** to complete and return the Dependent Verification Form in a timely manner in order to avoid a delay in claims processing or prescription drug fills. The following schedules are to assist you in determining whether you submit the Dependent Verification form twice per year or four times per year.

When your dependent is age 19 or over and is more than **50% financially dependent on the Employee for support**, you are required to submit the **Dependent Verification form (copy enclosed) based on the following schedule:**

When your dependent is age 19 or over and is **enrolled as a Full Time Student**, you are required to submit the **Dependent Verification form (copy enclosed) based on the following schedule:**

<u>Submit Dependent Verification Form By the following date to ensure coverage for the Coverage Period</u> →	<u>Coverage Period</u> - When the Dependent is more than 50% financially Dependent on Employee
8/15	9/1 thru 12/31
12/15	1/1 thru 3/31
3/15	4/1 thru 6/30
6/15	7/1 thru 8/31

<u>Submit Dependent Verification Form By the following date to ensure coverage for the Coverage Period</u> →	<u>Coverage Period</u> - When the Dependent is a Full Time Student
8/15	9/1 thru 12/31
12/15	1/1 thru 8/31

It is also the **employee's responsibility** to contact your Bookkeeper or Human Resources Representative in the case your dependent child is no longer eligible under the terms of the Plan. Please review your Plan Document for the definition of a **Dependent Child**, the associated coverage provisions, and the date coverage ends.

Please make copies of the enclosed Dependent Verification form or obtain additional copies from the Egyptian Trust website at [www.egtrust.org](http://www.egtrust.org).

Remember, you are required to submit this information in order to be sure your dependent child or children continue coverage. Please complete the enclosed form and mail to the address on the form or fax to 888-525-2799.

## **Important Notice – Please Review – Action is Required**

**Effective September 1, 2009**, new rules exist to extend dependent child coverage to age 26 and in the case of discharged military, coverage may be extended to age 30. Following are the details of the coverage including the requirements to meet the definition of a dependent child, how to enroll for this coverage, and when coverage will take effect. It is the responsibility of the Employee to follow the rules that follow in order to assure coverage under the Plan.

### **Extended Eligibility for Dependent Children - Effective September 1, 2009**

Dependent unmarried children age 19 to 26 are eligible dependents provided they are either:

- registered as full-time students for the current or next school session (semester, trimester or other period), or
- currently dependent on the Employee for over half of their support.

Dependent unmarried children age 19 to 30 are eligible dependents if they are Illinois residents who have been discharged from active or reserve duty in the U.S. Armed Forces or National Guard, have received a release or discharge other than a dishonorable discharge, and meet one of the dependency requirements described above.

This provision allows for an initial 90 day open enrollment period for those eligible dependent children who are not currently enrolled. The initial open enrollment period will be August 1, 2009 – October 31, 2009 to enroll for this coverage. When enrolling during this period the effective date of coverage will be either September 1 or October 1, as previously determined by each Participating Employer.

Every year thereafter, the open enrollment period for this Extended Eligibility for Dependent Children will coincide with the health plan's annual open enrollment period of August 1, 2009 – September 30, 2009. When enrolling during this period the effective date of coverage will be either September 1 or October 1, as previously determined by each Participating Employer.

### **Special Note to those with Dependent Children reaching age 25 – It is your responsibility to take the appropriate action as follows:**

- If you have a dependent child **currently covered** by one of the Egyptian Sponsored Plans who will turn age 25 **in** August, 2009, normally coverage would be terminated on August 31, 2009. Due to the above provision, those dependent children's coverage will be automatically extended to age 26 and you will not be required to re-enroll such dependent. **Please Note: This does not preclude you from completing the Dependent Status Form based on the schedule noted on page 1 of this letter.**
- If you have a dependent child **currently covered** by one of the Egyptian Sponsored Plans who will turn age 25 **before** August 1, 2009, coverage will be terminated on the last day of the month in which the child reaches age 25. If you have a dependent child who continues to meet the dependent child definition as noted above, **you will be required to re-enroll** such dependent during the 90 day open enrollment period of August 1, 2009 – October 31, 2009. Coverage for the enrolled dependent will be either September 1 or October 1, as previously determined by each Participating Employer. **Please Note: You are required to continue to submit the Dependent Status Form based on the schedule noted on page 1 of this letter.**

Should you have any questions in reference to this material, please contact your Bookkeeper or Human Resources Department or Meritain Health Customer Service at the number on the back of your ID card.

Sincerely,

Meritain Health

## EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST DEPENDENT VERIFICATION FORM

Dependent unmarried children age 19 to age 25 are eligible dependents provided they are either registered as full-time students or currently dependent on the Employee for more than 50% of their support. **(Effective September 1, 2009 the age is extended to 26 – Special Enrollment Rights are available for those who have reached age 25 but not yet age 26 – please review the enclosed letter for details.)** This form must be completed on the schedule noted at the bottom of this form in order ensure ongoing coverage of your dependents age 19 and over. Failure to complete this form will result in the denial of claims until the proper documentation is received. It is not necessary to complete this form for dependents under the age of 19.

Employee Name: _____	Employee SSN: _____
Employer Name: _____	Group No. _____

**\*\* Complete this section if your dependent child is over age 19 and is a Full-Time Student \*\***

Dependent Name	Date of Birth	Social Security Number	Full-Time Student
			Yes _____ No _____
			Yes _____ No _____

The above named student is currently enrolled in 12 or more credit hours for the \_\_\_\_\_ (fall, winter, spring, summer) term of \_\_\_\_\_ (year).

Name and address of school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\* Complete this section if your dependent child is over age 19 and currently dependent on the Employee for more than 50% of their support \*\***

Dependent Name	Date of Birth	Social Security Number	Currently dependent on Employee for more than 50% support ?
			Yes _____ No _____
			Yes _____ No _____

The above named dependent is currently dependent on the Employee for over 50% of their support.

To the best of my belief and knowledge, the information I have provided on this form is complete and correct, and that no material information has been withheld or omitted. It is illegal for any person to knowingly and with intent to injure, defraud, or deceive any insurer, file a statement of claim or an application containing any false, incomplete, or misleading information. ***I agree to notify my employer immediately when my dependent is no longer a full-time student and/or no longer dependent on me for more than 50% of his/her support.***

Employee/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

- You may be asked to provide a copy of your paid tuition statement or other documentation to verify student status.
- You may be asked to confirm your dependent child remains more than 50% dependent on the Employee for support.

**Upon completion of this signed and dated form, please return to:**

**Meritain Health  
300 Corporate Parkway  
Amherst, NY 14226 or  
Fax to: 888-525-2799**

**Dependent Status Forms Due**

**Employees:** If you have a dependent age 19 or older enrolled in the Egyptian Trust Health, Dental, or Vision Plans you must submit an updated Dependent Verification Form according to this schedule. If the completed form is not on file with Meritain on the 1<sup>st</sup> of the month the form is due, your dependent may experience a delay in having a prescription filled, benefits verified to their provider, or claims processed. To avoid this delay please submit this information the month prior to the due date.

If your child is a registered full-time student you will be required to submit this evidence no less than twice per calendar year. If your child is not a registered full-time student but remains dependent on the Employee for over half of their support you will be required to submit this evidence no less than four times per calendar year.

Coverage Period More than 50% Dependent on Employee	Updated Form Due	Coverage Period Full Time Student	Updated Form Due
From 9/1 thru 12/31	<b>8/31</b>	From 9/1 thru 12/31	<b>8/31</b>
From 1/1 thru 3/31	<b>12/31</b>		
From 4/1 thru 6/30	<b>3/31</b>	From 1/1 thru 8/31	<b>12/31</b>
From 7/1 thru 8/31	<b>6/30</b>		