Young Adult Child Certification
(Ages 19 - Up to Age 26)

Department of Human Resources
115 Medical Sciences Building
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Tel: (937) 775-2120 Fax: (937) 775-3040

I hereby request medical coverage under the Wright State University self-insured plan for my young adult child indicated below.

Employee Information:

Last Name:	**First Name, Middle Initial:**	**University ID:**
Department:		**Effective Date of Adult Child Enrollment:**

Young Adult Child Information:

Last Name:	**First Name, Middle Initial:**	**Social Security Number:**
Relationship to Employee:	**Date of Birth:**	**Gender:** ☐ **Male** ☐ **Female**
Address:	**City:**	**State:** / **Zip Code:**
Young Adult Child's Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Separated**		

Is this Adult Child Employed?:	**Employment Status:**	**Does the employer offer health insurance for which the Adult Child is eligible?:**	**Name of Employer:**
☐ **Yes** ☐ **No**	☐ **Part-Time** ☐ **Full-Time**	☐ **Yes** ☐ **No**	
Employer Address:	**City:**	**State:**	**Zip Code:**

Complete the section below only if the Young Adult Child is married:

Is coverage available through the Adult Child's Spouse's Employer? ☐ **Yes** ☐ **No**	**If yes, Name of Adult Child's Spouse's Employer:**
Address of Adult Child's Spouse's Employer:	**City:** / **State:** / **Zip Code:**

I certify that all information provided on this form is correct to the best of my knowledge and authorize release of any information requested by Wright State University or Anthem Blue Cross Blue Shield with respect to this Certification. I will provide Wright State University and or Anthem Blue Cross Blue Shield with certification of continuing eligibility annually or when requested. I also understand that my Young Adult Child's coverage will automatically terminate if response is not received within 60 days from the date of request.

I understand that coverage terminates when the Young Adult Child no longer meets the criteria of Young Adult Child noted within our Plan eligibility provision and no later than the end of the month in which the Young Adult Child reaches age 26. I **agree to notify Wright State University immediately** when the Young Adult Child no longer meets the Young Adult Child eligibility provisions.

I understand that when my Young Adult Child reaches the age of 26, he or she may be eligible for continued coverage under the Adult Child (ages 26 - 28) guidelines. I will notify the Department of Human Resources of enrollment in continued coverage under the Adult Child provisions by submitting an Adult Child Certification (Ages 26 - 28) Form within 30 days of my young adult child's 26th birthday. I understand that, upon enrollment of the now, Adult Child (Ages 26 - 28), Wright State University will adjust monthly Plan contributions to reflect the surcharge for that coverage and that the surcharge will be paid by me as my responsibility to pay as an after tax deduction.

_____ _____

Employee Signature ***Date*** ***Adult Child Signature*** ***Date***