AFFIDAVIT OF DEPENDENCY FOR OHIO GROUP COVERAGE

Employee Name: ____________________________________________

University Identification Number: ____________________________

This affidavit should be executed, notarized and submitted along with the Adult Child Certification if you are applying for healthcare coverage for an unmarried child who has reached the limiting age of the policy and is requesting either an extension or reinstatement of coverage until the end of the month in which the child reaches age 28:

I, ______________________________ ("Employee") after being first duly sworn, depose and attest to the following:

• I am at least eighteen (18) years of age and I am mentally competent to contract;

• I am applying for coverage for ____________________________(name),

who is my unmarried __________________________(relationship);

• The unmarried child meets all of the following eligibility requirements:

  (1) child is the natural child, stepchild, or adopted child of the employee;
  (2) child is a resident of Ohio or a full-time student at an accredited public or private institution of higher education;
  (3) child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage, and
  (4) child is not eligible for coverage under Medicaid or Medicare.

• I understand that if this dependent ceases to be an eligible dependent, I am required to submit an Application for Change within 30 days of the termination of the dependency, and the coverage for the dependent will cease at the end of the period for which premiums or administrative fees have been paid.

I certify, under penalty of perjury, that the foregoing is true and correct.

__________________________________________________________________________

Employee Signature

Signature must be notarized.

STATE OF ___________________
COUNTY OF __________________

On this _____ day of _________________, 20___, before me personally appeared the above named __________________________________, to me known to be the person described herein, and who executed the foregoing, and swore to its truth.

Before me, ____________________________________________________________
Notary Public Signature and Commission Exp. Date