

## Continued Coverage for Disabled Dependents Policy

Updated April 4, 2016

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 subscriber must provide proof of such child's disability to Samaritan Health 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 Health Plans in the form of medical records that document history, diagnosis, prognosis, extent of disability, and permanency of disability. The Samaritan Health Plans Medical Director will review the documentation submitted and make a determination within 30 days of receipt.

Samaritan Health 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 as defined in the Employment Retirement Income Security Act of 1974, as amended.

# DISABLED DEPENDENTS CERTIFICATION APPLICATION

## TO BE COMPLETED BY THE MEMBER:

Last name:	First name:	MI:	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 gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Dependent's age when disabled:	
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 dependent is currently employed, list names and addresses of employers and date employed.

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 #:
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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:
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Nature of disability/diagnosis:

Severity of disability:

Please list specific functional disabilities causing dependent status:

Will dependent ever be able to provide self-support?  Yes  No  Possibly – please explain:

Physician name:	Phone:	Date of last appointment:
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Address:

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

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

**Fax form to 541-768-9778 or mail to Samaritan Health Plans at PO Box 1310, Corvallis, OR 97339. You can also send via interoffice mail to Samaritan Health Plans, Enrollment Department Walnut Building.**

Questions? Call Customer Service at 541-768-4550 or 1-800-832-4580.