



**Declaration of disability for over-age dependent child**

Enrolled dependent children who would normally lose their eligibility under this plan solely because of age, but who are disabled by reason of a physically or mentally disabling injury, illness, or condition may have their eligibility extended by written application within 31 days of the date the dependent child reaches the age eligibility would otherwise cease.\* To qualify for this extension, the disabled dependent child must be incapable of self-sustaining employment and be chiefly dependent upon the subscriber for support and maintenance. This medical certification of disability must accompany the application unless you and the dependent are already enrolled in a Blue Shield plan. A recertification of disability may be required within two years after the initial medical certification and annually thereafter, except in cases of long-term disability.

Subscriber's name \_\_\_\_\_

Group number \_\_\_\_\_ Member number \_\_\_\_\_

Dependent child's name \_\_\_\_\_

I, the undersigned physician, certify that \_\_\_\_\_  
(dependent child's name)

is incapable of self-sustaining employment because of (diagnosis of disabled over-age dependent child)

Prognosis \_\_\_\_\_

Estimated date of ability for self-sustaining employment \_\_\_\_\_

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

I, the undersigned parent or guardian, certify that

Dependent child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

is a child (including any stepchild, legally adopted child, or foster child), is chiefly dependent upon me for support and maintenance, and is incapable of self-sustaining employment by reason of physical or mental handicap.

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian's email address \_\_\_\_\_

Please provide the requested information either by fax to **(800) 837-4635**, by email to [sguw@blueshieldca.com](mailto:sguw@blueshieldca.com), or by mail to Blue Shield Small Business Underwriting, 3021 Reynolds Ranch Parkway, Lodi, CA 95240. If you have any questions, please call us at **(888) 834-4263**.

\* If the parent or guardian and dependent have not been covered by a Blue Shield health plan prior to the age that dependent eligibility ceases, evidence of current or prior dependent coverage will be required. For these situations, the cancellation of coverage notification from the prior carrier will be required.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

**For your protection, California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.