

Evergreen Health Plan, Inc.
Policy & Procedure

Dependent Status Verification

Employee's name _____
Employee's social security number _____
Dependent's name _____

Medical care coverage under the Evergreen Health Plan is limited to dependents under the age of 19. Your contract provides for continuation of coverage for dependents through age 25 so long as the:

1. Coverage of the insured parent or guardian continues in effect.
2. Child remains a dependent of the parent or guardian.
3. Child remains unmarried.
4. Child in each calendar year since reaching age 19, has been enrolled for five months registered full-time student in secondary school, College or university, and
5. Is dependent on you for over half of his/her support

Coverage for dependents under the Evergreen plan expires when he/she is no longer eligible for coverage, according to the eligibility requirements of your employer and of Evergreen. If your dependent qualifies under the above provisions, complete the bottom section of this letter and provide proper documentation and return it to Evergreen within 30 days from receiving this letter to avoid termination of his/her coverage. Please attach to enrollment form or you may fax or mail the verification as follows:

Evergreen Health Plan, Inc.
Attn: Eligibility
PO Box 100
Columbus, Georgia 31901
FAX: 706-660-6515

_____ (Initial) I certify that my above named dependent is unmarried, is dependent on me for more than one-half support (as defined in regulation of the Internal Revenue Service) and is a registered full-time student at:

Name of Secondary School, College or University

_____ Copy of current student enrollment verification from the schools registration department

_____ (Initial) I certify that my above named dependent is unable to work or support himself or herself and who is chiefly dependent on me for support because of mental or physical handicap.

_____ Furnish appropriate medical documentation of your Child's incapacity and dependency.

Parent or Legal Guardian Signature Date