



DEPENDENT CHILD INCAPABLE OF SELF-SUSTAINING EMPLOYMENT CERTIFICATION FORM

Unmarried, dependent children who are incapable of self-sustaining employment by reason of mental illness, mental retardation, developmental disability, as defined in Section 1.03 of the New York State Mental Hygiene law, or physical handicap, and who became so incapable before the age at which dependent coverage would otherwise terminate may be eligible to continue coverage as a dependent under your GHI family coverage beyond the limiting age set forth in your contract or certificate. The fact that the dependent is permanently disabled does not necessarily make the dependent eligible as a dependent child incapable of self-sustaining employment.

To apply for coverage beyond the limiting age for a dependent who is incapable of self-sustaining employment, please complete this form and return it to GHI. **GHI MUST RECEIVE YOUR COMPLETED CERTIFICATION FORM WITHIN 31 DAYS OF THE DATE THE DEPENDENT REACHES THE DEPENDENT AGE LIMITATION THAT APPLIES TO YOUR COVERAGE.**

To Be Completed By Subscriber:

Subscriber's Name _____ Phone No. _____

Address _____

Certificate No. _____ Group No. _____ Category No. _____

Dependent's Name _____ Dependent's Date of Birth _____

Dependent's Social Security No. _____ Son
 Daughter

1 Is the above-mentioned dependent capable of self-sustaining employment?
Yes. No.

2. If no, please check the reason:
 Mental retardation*
 Mental Illness*
 Developmental Disability*
 Physical Handicap

* As defined in Section 1.03 of the New York State Mental Hygiene Law. (See reverse side.)

3. Please state the date on which the dependent's condition was first diagnosed: _____ / _____ / _____
month day year

4. Please describe the specific nature of the dependent's condition: _____

5. Is the dependent confined? No Yes (at home) Yes (in an institution – please specify the name of the institution: _____).

6. Is the dependent's condition permanent? Yes No

Is the dependent expected to remain permanently incapable of self-sustaining employment due to the condition?
 Yes No

If no, please estimate when the dependent will become capable of self-sustaining employment due to the condition checked above: _____

7. Please attach a physician's statement confirming the dependent's condition and that the dependent is incapable of self-sustaining employment due to the condition along with any other documents substantiating the dependent's condition to this certification form.

8. If you are a City of New York subscriber and the dependent's coverage was previously extended as a dependent student with a temporary disability, please check here.

9. Please return this form to GHI at GHI, Membership Department, Box 2820, New York, N.Y. 10116-2820.

Subscriber's Signature _____

Date _____