

**STATE EMPLOYEES' GROUP INSURANCE PROGRAM
ELIGIBILITY CERTIFICATION STATEMENT**

MEMBER: _____ SSN: _____

DEPENDENT: _____ Birthdate: _____ SSN: _____

In order to enroll or continue dependent and/or adult child coverage under the State of Illinois Group Insurance Program, members must certify that their dependents meet the following eligibility requirements for the dependent checked below.

| Check One | Dependent Category | Eligibility Requirements (Must Meet ALL Requirements) |
|-----------|---|--|
| | Student | Unmarried child age 19 up to but not including age 23, enrolled as a full-time student in an accredited school, and eligible to be claimed as my dependent for income tax purposes. |
| | Student Leave of Absence (LOA) | Unmarried child age 19 up to but not including age 23, enrolled as a student in an accredited school but is on a medical leave of absence or reduced course load to part time due to a catastrophic illness or injury, and eligible to be claimed as my dependent for income tax purposes. Maximum coverage: 1 Year |
| | Student Military Extension | Unmarried child age 19 up to but not including age 25, enrolled as a full-time student who was a member of the United States Armed Services, including the Illinois National Guard. Eligible for coverage for the amount of time spent on active duty between the ages of 19 and 23. |
| | Handicapped | Unmarried child age 19 or older who is mentally or physically handicapped, continuously disabled from a cause originating prior to age 19 (age 23 if enrolled as a full-time student), and eligible to be claimed as my dependent for income tax purposes. |
| | Other * | Eligible to be claimed as my dependent for income tax purposes and received an organ transplant after June 30, 2000. |
| | Sponsored Adult Child Non-IRS Dependent * | Unmarried adult child age 19 up to but not including age 26. Note: Premiums are not tax exempt. Member must pay 100% of cost for coverage. |
| | Sponsored Adult Child IRS Dependent * | Unmarried adult child age 19 up to but not including age 26 and eligible to be claimed as my dependent for income tax purposes. |
| | Veteran Adult Child Non-IRS Dependent * | Unmarried adult child age 19 up to but not including age 30, Illinois resident, has served as a member of the active or reserve components of any of the branches of the U.S. Armed Forces and received a release or discharge other than a dishonorable discharge. Note: Premiums are not tax exempt. Member must pay 100% of cost for coverage. |
| | Veteran Adult Child IRS Dependent * | Unmarried adult child age 19 up to but not including age 30, an Illinois resident, has served as a member of the active or reserve components of any of the branches of the U.S. Armed Forces and received a release or discharge other than a dishonorable discharge and eligible to be claimed as my dependent for income tax purposes. |

* These dependent types are not eligible for life insurance coverage.

I certify the dependent listed above meets ALL of the qualifications for continued coverage in the dependent category checked. I have attached the required documentation and I authorize premiums as established annually to be deducted from my pay. I understand that if my paycheck is insufficient or if I am not on payroll, I will be direct billed. I agree to abide by all Group Insurance Program rules. I understand it is my responsibility to review my paycheck and verify the amounts of the insurance deductions are accurate. I understand that if my deductions are not correct I must immediately contact my GIR. Falsification of the information contained on this form may result in discipline up to and including discharge. Additionally, the Department of Central Management Services (CMS) may impose a financial penalty, including, but not limited to, repayment of all premiums the Program made on behalf of the enrolled individual, as well as expenses incurred by the Program.

(Member's Signature Required) (Date) (Phone #) (GIR Signature Required) (Date)

RETURN THIS FORM TO YOUR AGENCY GROUP INSURANCE REPRESENTATIVE

STATE EMPLOYEES' GROUP INSURANCE PROGRAM
Dependent and Adult Child
DOCUMENTATION REQUIREMENTS

| Dependent Category | Documentation Requirements |
|--|--|
| Student * | Eligibility Certification Statement. |
| Student Leave of Absence (LOA) | Clinical certification of need for part-time student status or medical leave from a physician licensed to practice medicine and the Eligibility Certification Statement. |
| Student Military Extension | Written documentation of active duty service and the Eligibility Certification Statement. |
| Handicapped | A diagnosis from an MD with an ICD-9 diagnosis code, letter from the doctor detailing the dependent's limitations, capabilities and onset of condition, statement from the Social Security Administration with the Social Security disability determination or a court order adjudicating the disability, a copy of the Medicare card and the Eligibility Certification Statement. |
| Other | Proof of organ transplant performed after June 30, 2000, and the Eligibility Certification Statement. |
| Sponsored Dependent (Both IRS and Non-IRS Dependents) | Eligibility Certification Statement. |
| Veteran Dependent (Both IRS and Non-IRS Dependents) | Proof of Illinois residency, Veterans' Affairs release form DD-214 (or equivalent) and the Eligibility Certification Statement. |

* **Special Note Regarding the Student Category:** Members with dependents turning age 19 in June, July or August may select the 'Student' category if the dependent intends to enroll as a student in the fall.

Penalty for Fraud: Falsifying information/documentation in order to obtain/continue coverage under the Program is considered a fraudulent act. The State of Illinois may impose a financial penalty, including, but not limited to, repayment of all premiums the State made on behalf of the Member and/or Dependent, as well as expenses incurred by the Program.