



## PA Dependent to 30 – Enrollment application

To qualify for coverage, the adult child must meet all of the following eligibility criteria as either a dependent or a student. As a dependent, the adult child must:

- be a qualified dependent by blood or law of a covered employee/parent/subscriber;
- have a parent/subscriber who is covered under an Independence Blue Cross plan;
- be under 30;
- not be otherwise eligible for coverage within the plan's limiting age provisions;
- be unmarried or not entered into a civil union;
- have no dependents of his or her own;
- be a resident of Pennsylvania (unless he or she is enrolled as a full-time student at an institution of higher learning in another state);
- not have private health insurance coverage;
- not be enrolled in or eligible for government benefits.

### A. Group and employee information

Group name \_\_\_\_\_

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

Employer signature \_\_\_\_\_

### B. Type of activity

Date of event change – Check all that apply

\_\_\_/\_\_\_/\_\_\_ Add dependent over the limiting age but under 30

\_\_\_/\_\_\_/\_\_\_ Remove dependent over the limiting age but under 30

Reasons \_\_\_\_\_

\_\_\_\_\_

### C. Covered parent/dependent information

Covered parent/subscriber name \_\_\_\_\_ ID number \_\_\_\_\_

Birthdate (MM, DD, YY) \_\_\_/\_\_\_/\_\_\_ Dependent's SSN \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Dependent's name (last, first, MI) \_\_\_\_\_

Dependent's address \_\_\_\_\_

Provider number \_\_\_\_\_

Employee's signature \_\_\_\_\_

**Return form and other required documentation by fax to The Administrators, Inc.'s Customer Service Department at 610-604-4922 or by mail to The Administrators, Inc.'s Customer Service Department, 867 Sussex Blvd., Broomall, PA 19008.**