

# State Employees' Group Insurance Program Special Enrollment Period - Eligibility Certification Statement

For Use ONLY During the Special Enrollment Period

**May 1 thru July 31, 2009**

**Please complete a separate form for each adult child you wish to enroll.**

Member Information						
Last Name	First Name (legal)	Middle Name	Social Security Number (required)	Work Phone #		
Residential Street Address		City	State	Zip	Home Phone #	
Adult Child Information						
Name (legal) (First Middle Last)		SSN (Required)	Date of Birth <sup>1</sup>	Provider Identifier # (managed care only)	Sex (M/F)	Other Coverage <sup>2</sup> (Y/N)

<sup>1</sup> If you have adult children with the same birth date including year (e.g. twins), in addition to the birth date you must put a #1 in the **Date of Birth (DOB) field** on the line of the child who was born first; put a #2 in the DOB field for the child who was born second, etc.

<sup>2</sup> If your adult child has other group health or dental coverage, including Medicare, you must provide a copy of the front and back of the card to your Group Insurance Representative (GIR).

Check One	Category	Requirements and Documentation
	Sponsored Adult Child Non-IRS Dependent	Unmarried child age 19 up to, but not including, age 26. Premiums are not tax exempt. The member is responsible for 100% of the cost of coverage. A Birth Certificate is required.
	Sponsored Adult Child IRS Dependent	Unmarried child age 19 up to, but not including, age 26 and eligible to be claimed as a dependent for income tax purposes by the member. A Birth Certificate is required.
	Veteran Adult Child Non-IRS Dependent	Unmarried child age 19 up to, but not including, age 30 and must be an Illinois resident. Premiums are not tax exempt. The member is responsible for 100% of the cost of coverage. Proof of Illinois residency, Veterans' Affairs release form DD-214 (or equivalent) and a Birth Certificate are required.
	Veteran Adult Child IRS Dependent	Unmarried child age 19 up to, but not including, age 30, and must be an Illinois resident and eligible to be claimed as a dependent for income tax purposes by the member. Proof of Illinois residency, Veterans' Affairs release form DD-214 (or equivalent) and a Birth Certificate are required.
	Student Medical Leave of Absence	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 a dependent for income tax purposes by the member. Maximum coverage period of one year or attainment of age 23, whichever comes first. Clinical certification of need for part-time student status or medical leave from a licensed physician required.

I authorize premiums as established annually to be deducted from my pay for those plans I have selected. I understand that if my paycheck is insufficient or if I am not on payroll, I will be direct billed. The information contained in this form is complete and true. I agree to abide by all Group Insurance Program rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected. 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: \_\_\_\_\_ Date: \_\_\_\_\_

**GIR/P USE ONLY:** Effective Date: \_\_\_\_\_

Group Insurance Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_