

Sheet Metal Workers Local Union No. 32 Welfare Fund
REQUEST FOR EXTENDED DEPENDENT COVERAGE ELIGIBILITY
FOR CHILDREN AGE 26 - 30 UNDER FL LAW 627.6562

Employee Name _____ SSN (or other identifier) _____

Telephone Number _____ Email address _____

Please list all of your children who are the age of 26 - 30 and for whom you are requesting extended dependent coverage:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

For EACH child listed above who is between the age of 26 and 30:

Is each child unmarried? YES _____ NO _____

Is each child a resident of Florida? YES _____ NO _____

Is each child a full or part time student? School: _____ YES _____ NO _____

Does any child have a dependent of his or her own? YES _____ NO _____

Is any child provided coverage under any other health insurance policy or individual health benefits plan, or entitled to Social Security benefits? YES _____ NO _____

I certify that the information provided above is true to the best of my knowledge. I understand that my dependent child(ren) between the ages of 26 and 30 must continue to meet eligibility requirements in order to continue coverage. I further understand that I or my dependent child may be required to pay an additional premium for continued coverage; to provide proof of eligibility and continued eligibility; that coverage may be considered a taxable benefit for my dependent child; and that if my dependent child, between the ages of 26 and 30, terminates coverage my dependent child will not be eligible for reinstatement prior to age 30 unless my child has been continually covered by other creditable coverage without a coverage gap of more than 63 days.

I HEREBY REQUEST COVERAGE FOR MY DEPENDENT CHILD(REN) LISTED ABOVE AND EXERCISE MY OPTION TO HAVE MY DEPENDENT CHILD(REN) BETWEEN THE AGES OF 26 AND 30 INSURED.

Name: _____ Date: _____

FOR PLAN USE ONLY:

REQUEST GRANTED _____ **REQUEST DENIED** _____ **REASON** _____

SUGGESTIONS FOR PLAN PROCEDURES:

The information on the request form should be sufficient for the Plan Administrator to determine if the eligibility requirements for extended dependent coverage per the Florida law are met.

A child between the ages of 26 and 30 must be:

- unmarried
- AND either:
 - living in the state of Florida OR
 - a full or part time student.
- AND the child:
 - Must not have a dependent of his/her own,
 - AND must not be provided coverage under any other health insurance policy or individual health benefits plan, or entitled to Social Security benefits.

The Plan Administrator can use established procedures for determining eligibility of extended dependent status and notification of ineligibility for extended dependent status.

The Plan Administrator should integrate monitoring of this extended dependent eligibility into established procedures for monitoring extended dependent eligibility based on full time student status or disability.

If a participant indicates that a dependent between the ages of 26 and 30 is not living in Florida but is a student, then the Plan Administrator can use established procedures for monitoring extended eligibility based on student status.

The Plan Administrator does not need to monitor student status if the child is living in the participant's home while under the age of 26 or in the state of Florida between the ages of 26 and 30.

The Plan Administrator can use established procedures, as applicable, for monitoring a child's continued dependence on the Employee for support; marriage status; residency status; or coverage under other health insurance plans.