

# DEPENDENT CERTIFICATION FORM FOR MASSACHUSETTS BASED EMPLOYER GROUPS

TUFTS  Health Plan

Subscriber's name: \_\_\_\_\_

Subscriber's Tufts Health Plan ID number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I certify that: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Name of dependent) (Date of Birth)

## Please check one:

Is currently a FULL-TIME STUDENT

At: \_\_\_\_\_ (Name of accredited educational institution)  
\_\_\_\_\_ (Institution address)  
\_\_\_\_\_ (Institution City, State and Zip)  
\_\_\_\_\_ (Registrar's telephone number)

Expected date of graduation from college: \_\_\_\_\_ / \_\_\_\_\_ (if graduating this year, please complete the statements below)

Is NOT A FULL-TIME STUDENT

**If not a full-time student, please complete the statements below so that Tufts Health Plan can determine the coverage end date applicable under Massachusetts and/or Federal Law.**

\_\_\_\_\_ The above named person last qualified as a dependent as defined under the Internal Revenue Service (IRS) code during calendar year\* \_\_\_\_\_

\_\_\_\_\_ The dependent has a medical condition that resulted in a medically necessary leave of absence from, or change in enrollment at a post secondary educational institution. \*\* This leave started on \_\_\_\_\_  
(A completed physician certification form must be submitted. This form can be found at [www.tuftshealthplan.com](http://www.tuftshealthplan.com))

**I further certify that the information I have provided above is true and correct, and that I understand that:**

- Tufts Health Plan may contact the educational institution and take any other steps it feels necessary to verify the accuracy of the information I have provided.
- If there is any misrepresentation in the information I have provided, Tufts Health Plan may end my dependent's coverage as well as my entire family's coverage, and may seek any other legal remedies available.

Subscriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be Employee's signature)

**Please return this completed and signed form to:**

Tufts Health Plan  
Commercial Enrollment and Premium Billing Department  
P. O. Box 9186, Watertown, MA 02471-9186  
Fax: 617-923-5898

continued on reverse

Massachusetts Law requires family policies (for fully insured plans) to include coverage for children up through the age of 25 (26th birthday) or for two years past the child's loss of dependent status under the Internal Revenue Code, whichever occurs first.

Tufts Health Plan requires dependent age members to certify their dependent status, based on the guidelines set by the Internal Revenue Service, in order to determine the appropriate dates of coverage. Recognizing that dependent status can change, Tufts Health Plan will continue to request annual dependent status certification until the actual coverage termination date is reached.

\*\*On October 9, 2009, a new federal law went into effect (P.L. 110-381) that provides for a continuation of coverage for those dependents that would otherwise lose eligibility because of a medically necessary leave of absence from a post secondary educational institution or a change in enrollment from that institution.

The leave of absence must be medically necessary and must begin while the dependent is suffering from a serious illness or injury and, the leave of absence would otherwise cause the dependent to lose coverage under the plan.

The dependent must have been enrolled in the group health plan prior to the first day of the leave or change in enrollment. There must also be written certification by the dependent's attending physician indicating that the dependent is suffering from a serious illness or injury that necessitates the leave or change in enrollment status.

Coverage will be extended for up to one year or to the date on which coverage would otherwise terminate under the terms of the plan, whichever comes first.