

## Certification of Dependent Status

**This form does not apply to dependent status for a disabled child. If you are requesting enrollment for a disabled child, please complete the Request for Coverage for a Physically or Mentally Handicapped Dependent Child form.**

***This form MUST be completed and signed by the Subscriber. All boxes MUST be checked before you sign.***

Dependent Child Information		
Dependent Name:	Date of Birth (MM/DD/YY):    /    /	Subscriber ID #:
Dependent Eligibility Information		
<p>1. <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Does this dependent meet all of the dependent eligibility requirements listed below?</p> <p>To be eligible for benefits, the dependent child, if over age 19, must:</p> <ul style="list-style-type: none"> <li>a. Be unmarried;</li> <li>b. Be less than 25 years of age; and</li> <li>c. Meet one of the following criteria: <ul style="list-style-type: none"> <li>• financially dependent on subscriber or subscriber's spouse</li> <li>OR</li> <li>• reside at the same legal residence as subscriber or subscriber's spouse</li> </ul> </li> </ul>		
<p>Please be sure to notify RMHP immediately when the dependent fails to meet any of the eligibility requirements shown above. A completed change form is required to disenroll your dependent.</p>		
<p>2. <input type="checkbox"/> I certify that all of the information stated above is true and correct in all respects.</p>		
<p>3. <input type="checkbox"/> I understand and agree that my health plan has the right to terminate coverage and deny benefits if any of the information on the Enrollment Application or this Certification of Dependent Status or as otherwise provided by me to the plan is materially false, inaccurate, or misleading.</p>		
Subscriber's Name (please print):	Subscriber's Employer Group:	
Subscriber's Signature:	Date:	

Return certificate to:  
Rocky Mountain Health Plans  
PO Box 10600  
Grand Junction, CO 81502-5600  
Fax: 970-263-5507