Public Education HEALTH TRUST

Member's Last Name	First M.
Social Security Number	Contact Number

Dependent Enrollment/Deletion
Change Name Form
4003 Iowa Drive,
Anchorage, AK 99517
Phone 274-7526 fax 222-2556

Dependent Eligibility

To be eligible for coverage as a dependent under this program, the dependent must fit one of the following descriptions:

- A covered member's spouse or domestic partner
- A child under the limiting age of 26
- A child is considered one of the following:
  - A natural child
  - A legally adopted child placed with a covered member in anticipation of adoption, whether or not the adoption has become final, who has not attained the age of eighteen (18) as of the date of such placement or adoption. The term "placed" means the assumption and retention by such member of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced
  - A step-child as long as the natural/adoptive parent remains married to the member and the natural/adoptive parent resides in the member's household
  - A child for whom the member is the legal guardian
  - Any child who is an alternative recipient under a qualified medical child support order shall be considered as having a right to dependent coverage under this plan with no pre-existing conditions provisions applied

Refer to your plan document regarding age limitations and other eligibility requirements.

The Plan Administrator may require documentation providing dependency, including birth certificates, or initiation of legal proceedings severing parental rights.

- A covered dependent child who is totally disabled, incapable of self-sustaining employment by reason of mental or physical handicap, dependent upon the covered employee for over one half of his or her support and maintenance, unmarried and covered under the plan when reaching the limiting age. The Plan Administrator may require proof of the child's total disability and dependency.

Any additions/deletions of dependents to the plan (outside of age limitations) must be accompanied by one the following legal documents: birth certificates, adoption agreements, qualified medical child support order, marriage certificates, statement of financial interdependence, death certificate, or divorce decrees.

Please refer to your plan document regarding timely enrollment periods.

Dependents (Circle One)	Name	Social Security Number	Relationship	Birthdate (MM/DD/YY)	Effective Date of Change
Add Delete					
Add Delete					
Add Delete					

Other Insurance Information

Company Name	Group	Phone Number
Policy Holder	Policy Number	Effective Date
Type of Coverage medical / dental / vision (circle all that apply)	Type of Policy personal / group / retiree (circle one)	
Names of those covered under other insurance		

Change of Name:

New Name: _____
Last First M.

Old Name: _____
Last First M.

Office Use Only
Effective Date

Signature: _____ **Date:** _____