



an EmblemHealth company

# Dependent Child Incapable of Self-Sustaining Employment Certification Form

Unmarried dependent children who are incapable of self-sustaining employment by reason of mental illness, mental retardation, developmental disability, as defined in Section 1.03 of the New York State Mental Hygiene Law, or physical handicap, and who became so incapable before the age at which dependent coverage would otherwise terminate, may be eligible to continue coverage as a dependent under your GHI family coverage beyond the limiting age set forth in your contract or certificate. The fact that the dependent is permanently disabled does not necessarily make the dependent eligible as a dependent child incapable of self-sustaining employment.

To apply for coverage beyond the limiting age for a dependent who is incapable of self-sustaining employment, please complete this form and return it to GHI. **GHI MUST RECEIVE CERTIFICATION FORM WITHIN 31 DAYS OF THE DATE THE DEPENDENT REACHES THE DEPENDENT AGE LIMITATION THAT APPLIES TO YOUR COVERAGE.**

### TO BE COMPLETED BY SUBSCRIBER:

Subscriber's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Certificate No. \_\_\_\_\_ Group No. \_\_\_\_\_ Category No. \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Dependent's Date of Birth \_\_\_\_\_

Dependent's Social Security No. \_\_\_\_\_  Son  Daughter

### (A) TO BE COMPLETED BY PHYSICIAN:

**A DETAILED SUMMARY OF THE DEPENDENT'S CONDITION MUST BE ATTACHED, SPECIFICALLY DESCRIBING THE DEPENDENT'S DIAGNOSIS AND TREATMENT MODALITIES THAT WILL FACILITATE THE DETERMINATION OF THE DEPENDENT'S DISABILITY.**

1. Is the above-mentioned dependent capable of self-sustaining employment?  No  Yes

2. If no, please check the reason:

- Mental Retardation\*                       Developmental Disability\*
- Mental Illness\*                               Physical Handicap

\*As defined in Section 1.03 of the New York State Mental Hygiene Law (See reverse side.)

3. Please state the date on which the dependent's condition was first diagnosed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

4. Is the dependent confined?  No  Yes (at home)  Yes (in an institution — please specify the name of the institution)

\_\_\_\_\_

5. Is the dependent's condition permanent?  No  Yes

Is the dependent expected to remain permanently incapable of self-sustaining employment due to condition?

No  Yes

If no, please estimate when the dependent will become capable of self-sustaining employment due to condition checked above. \_\_\_\_\_

6. Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### (B) TO BE COMPLETED BY SUBSCRIBER:

7. If you are a City of New York subscriber and the dependent's coverage was previously extended as a dependent student with a temporary disability, please check here.

8. Please return this form to **GHI, Membership Department, Box 2820, New York, NY 10116-2020.**

Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mental Illness.** This term refers to a mental disease or mental condition that is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation. It does not include alcoholism, substance abuse or chemical dependence.

**Mental Retardation.** This term refers to a subaverage intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior.

**Developmental Disability.** This term refers to a disability of a person that:

- (a) (1) Is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism;
- (a) (2) Is attributable to any condition of a person found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of mentally retarded persons or requires treatment and services similar to those required for such person; or
- (a) (3) Is attributable to dyslexia resulting from disability described in subparagraph (1) or (2) of this paragraph;
- (b) Originates before such person attains age twenty-two (22);
- (c) Has continued or can be expected to continue indefinitely; and
- (d) Constitutes a substantial handicap to such person's ability to function normally in society.

**FOR OFFICE USE ONLY**

**Determination made:**

Membership Department

By \_\_\_\_\_ Date \_\_\_\_\_  Approved  Not Approved

Medical Review:

By \_\_\_\_\_ Date \_\_\_\_\_  P  T \_\_\_\_\_  N