



**Statement of Dependent Eligibility Beyond Limiting Age In Plan Due to  
 Mental or Physical Handicap**

<b>Employee's Statement</b>		<b>Answer all questions. Omitted information will cause delays.</b>				<b>First Request:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
						<b>Prior Request Date:</b> _____	
Name (Print)	First	Middle	Last	Social Security Number		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Present Address:	Street	City	State	Zip Code	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Phone (Including Area Code) ( )	

**Dependent Information**

Name (Print)	First	Middle	Last	Social Security Number		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Present Address:	Street	City	State	Zip Code	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Relationship to Employee	
Name and address of dependent's current employer							
If not now employed, give date last employed:	Estimated income of dependent from all sources \$ _____ monthly		Percentage of support of dependent supplied by employee _____ %			Is the dependent permanently residing in employee's household? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain:	
Is dependent listed as a dependent in your last Federal Personal Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain:							
▶ Signed (Employee) _____						Date Signed (Mo./Day/Yr.) _____	

Physician's/Surgeon's Statement		(Any fee for completion of this statement is to be paid by the employee.) Answer all questions below. Omitted information will cause delays		
Patient's Name	First	Middle	Last	Patient's Date of Birth
Is this dependent presently incapable of self-sustaining employment by reason of:			Date dependent became incapable of self-sustaining employment.	
Physical Handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No Other (explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Diagnosis of condition causing incapacity.</b> Give as much detail as possible. Please give date and report of surgery, X-rays, electrocardiograms, or other special tests. Use separate sheet of paper if necessary.				
<b>Functional Age Level:</b>				
Does the patient have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you know what the patient's job is? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you know what duties the patient's job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this patient been able to do full or part-time work of any kind? <input type="checkbox"/> No <input type="checkbox"/> Yes, From _____ Date			Will the patient be capable of self-support? <input type="checkbox"/> No <input type="checkbox"/> Yes, From _____ Date If "No," provide an explanation on a separate sheet of paper.	
The patient is presently (check one) <input type="checkbox"/> Ambulatory <input type="checkbox"/> Bed confined <input type="checkbox"/> House confined <input type="checkbox"/> Hospital confined				
Physician's/Surgeon's Name (Print)			Address	Phone (Including Area Code) ( )
▶ Signed				Date Signed _____

Employer's Statement		Answer all questions. Omitted information will cause delays.		
Employee's Name	First	Middle	Last	Certificate Number
Date dependent's coverage was originally effective _____			If previously canceled, give date _____	
Employer		Group Report Number	Branch	Sub Division
▶ Signed By		Title _____	Date Signed _____	

**For Use By Metropolitan**

Follow-up proof of continued handicap will be required	Month	Day	Year
Dependent eligibility declined. Give reason.			
▶ Signature			Date Signed _____

## **FRAUD WARNINGS**

If the insured was covered under a policy issued in one of the states listed below, or if you reside in one of the states listed below, one of the following state warnings may apply to you:

**Arizona:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

**Alaska, Delaware, Idaho, Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Arkansas, Louisiana, New Mexico, West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of life insurance, and civil damages. It is also unlawful for any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with respect to a settlement or award payable from insurance proceeds. Such acts shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies to the extent required by applicable law.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Indiana:** WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, files any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information commits a felony.

**Kentucky:** A person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

## **FRAUD WARNINGS, CON'T.**

**Maine, Minnesota, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New Hampshire:** A person who, with a purpose to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York (AD&D):** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented, a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000), or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

If the insured was covered under a policy issued in any state other than those listed above, or if you reside in any state other than those listed above, then the following warning may apply to you:

**Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.**