



**CITY OF MESA HEALTH PLAN
CERTIFICATION OF DISABLED ADULT DEPENDENT CHILD**

A Disabled Adult Dependent Child may continue coverage in City of Mesa group medical, dental and/or vision care plans (and voluntary supplemental dependent life insurance coverage, if applicable), if they are an unmarried Dependent Child age 26 or older who is permanently and totally disabled with a disability that existed prior to the attainment of the Plan’s age limit (as defined in the City of Mesa Health Plan Document). The Plan requires initial and periodic proof of a current Social Security Disability award (or eligibility for such), for totally disabled and dependent adult children age 26 or older. A Dependent Child who is not covered under the Plan but becomes disabled after reaching the Plan's Dependent age limit is not eligible to enroll as a Dependent under the Plan. “Disabled” means the inability of a person to be self-sufficient as the result of a physical or mental condition such as mental retardation, cerebral palsy, epilepsy or another neurological disorder, psychosis, or is otherwise totally disabled and as a result, eligible for a Social Security Disability Award.

I. SECTION ONE – DEPENDENT INFORMATION

First Name:	MI:	Last Name:	
SSN#:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Dependent Address:	City:	State:	Zip:
Date of Disability:			

II. SECTION TWO – CERTIFICATION

This is to certify that my adult, unmarried child remains totally disabled, dependent upon me for the majority of his/her support and continues to meet the Dependent Adult Child requirements defined in the City of Mesa Health Plan Document. As an Employee/Retiree, I understand and agree to provide the City of Mesa with a current Social Security Disability Award Letter (the “Social Security Letter”) within 15 calendar days after receiving the Social Security Letter from the Social Security Administration and to continue to provide current Social Security Letter’s every year thereafter for as long as my disabled child remains eligible to receive benefits under the City of Mesa Health Plan Document.

I understand that if I fail to sign and submit this Certification AND provide a current Social Security Letter, when requested or required by the City of Mesa Health Plan, or if my adult child becomes married or ceases to be totally disabled/dependent, eligibility for benefits for this adult child under the City of Mesa Health Plan will terminate as of the last day of the month in which the adult child is no longer a Dependent Child as defined in the Plan Document, or as of the last day of the month in which the Plan has failed to receive an Certification AND a Social Security Letter. (COBRA continuation privileges for the former Adult Dependent Child may apply for up to 36 months thereafter.)

_____ Signature of Employee/Retiree	_____ Date
_____ Printed Name of Employee/Retiree	_____ Employee/Retiree ID#

State of _____ Subscribed and sworn before me this _____ day of _____, 20_____

County of _____

Notary Public

(Seal)