Blue Cross Blue Shield Blue Care Network of Michigan

Request for Extended Coverage for Group Plans

For dependent children with a developmental or physical disability (Michigan Insurance Code 500.2264)

Under certain conditions, an unmarried dependent child who is diagnosed with a developmental disability or physical disability, who has been a covered person, is entitled to extended coverage past the date the child's coverage would otherwise end. Full and correct completion of this form will assist Blue Cross Blue Shield of Michigan or Blue Care Network in determining whether or not a child is entitled.

Name of subscriber: _____

Address of subscriber: _____

Phone number: _____ Email address: _____

Contract number: _____ Group number: _____

Name of dependent child: _____ Dependent child's date of birth (mm/dd/yyyy): _____

Nature of disability: _____

Disabled, unmarried dependent children may remain on the subscriber's contract beyond the end of the calendar year in which they turn age 26, provided the child meets all the following requirements:

– Diagnosed as totally and permanently disabled due to a physical or developmental disability.

– Incapable of self-support due to the physical or developmental disability.

– Dependent upon the subscriber for support and maintenance.

– Physician certification, verifying the child's physical or developmental disability must be submitted to BCBSM/BCN no later than 31 days after the end of the calendar year in which the child turns age 26.

A dependent child whose only disability is a learning disability or substance abuse does not qualify for coverage as a disabled dependent.

Signature of subscriber: _____ **Date signed:** _____

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Section II (to be completed by physician)

Diagnoses/conditions causing disabled status: _____

Date of onset: _____

ICD-9 or ICD-10 codes: _____

Is the disability expected to be permanent? ☐ Yes ☐ No

Please explain:

Physician Printed Name : _____

Office Address: _____ **Phone:** _____

Signature of Physician: _____ **Date Signed:** _____