



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association
P.O. Box 30270
Salt Lake City, Utah 84130-0270
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An Independent Licensee of the Blue Cross and Blue Shield Association

DEPENDENT CHILD CERTIFICATION

For Office Use Only
Group No.: _____
Contract No.: _____
Effective Date: _____

TO BE COMPLETED BY EMPLOYEE

1. Group Name		1.a. Employee's Phone Numbers	
		Home:	Work:
2. Name of Employee (last, first, initial)		2.a. Social Security Number	
3. Name of Employee's Spouse (last, first, initial)		3.a. Social Security Number	
4. Employee's Address			
4.a. City		4.b. State	4.c. Zip
5. Full Name of Child		5.a. Child's Date of Birth Month / Day / Year	5.b. Child's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
5.c. Child's Relationship to Employee	5.d. Child's Relationship to Employee's Spouse	5.e. Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Are you required to provide coverage by a legal qualified medical child support order (QMCSO)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," please explain: _____			
7. Do you provide at least 50% of the child's total support? (NOTE: Support includes food, shelter, clothing, medical and dental care, education and the like.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain: _____			
8. In reference to question number 7, Is the child a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list the school: _____			
Note that, if the child was a full-time student at a post-secondary educational institution, but suffered a serious illness or injury making it medically necessary for him or her to take a leave of absence or otherwise change school enrollment status, federal law ("Michelle's Law") may allow him or her to remain covered on your plan.			
Does your child qualify for continued eligibility under Michelle's Law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact your group for details or to apply for continued eligibility under Michelle's Law.			
9. Is the child incapacitated due to a mental or physical impairment (a separate affidavit of incapacitated child form may need to be completed)? _____			

FOR ADDITIONAL EXPLANATION, PLEASE USE THE REVERSE SIDE.

I hereby certify that the above information is true and correct to the best of my knowledge. Regence BlueCross BlueShield of Utah, Regence HealthWise and Regence ValueCare reserve the right to request documentation and/or information verifying the above.

Signature of Employee

Date Signed