

Declaration of disability for over age dependent child

Enrolled dependent children who would normally lose their eligibility under this plan solely because of age, but who are disabled by reason of a physically or mentally disabling injury, illness, or condition may have their eligibility extended by written application within 31 days of the date the dependent child reaches the age eligibility would otherwise cease. To qualify for this extension, the disabled dependent child must be incapable of self-sustaining employment and be chiefly dependent upon the subscriber for support and maintenance. A recertification of disability may be required within two years after the initial medical certification and annually thereafter, except in cases of long-term disability.

Subscriber's name _____

Group number & name - 0035370 NYSUT Member Benefits Trust-endorse Dental Plan provided by MetLife

NYSUT Member ID number _____

Dependent child's name _____

I, the undersigned physician certify that _____

(dependent name)

is incapable of self-sustaining employment because of _____

(diagnosis of disabled over age dependent child)

Prognosis _____

Estimated date of ability for self-sustaining employment _____

Physician

Date

I, the undersigned parent or guardian certify that

Name

Date of birth

is an unmarried child (including any stepchild, legally adopted child, or foster child), is chiefly dependent upon me for support and maintenance, and is incapable of self-sustaining employment by reason of physical or mental handicap.

Parent or guardian

Date