DEPENDENT ENROLLMENT FORM

Your eligible dependents are eligible to receive health coverage under the DGA-Producer Health Plan. Coverage for your eligible dependents is effective on the date that your coverage is effective, or on the date that you acquire the dependent, whichever is later.

Eligible dependents include the following:

- your lawful spouse;
- your unmarried children who are younger than age 19. This includes your natural children and those of your spouse, adopted children (beginning on the date of placement) or other children dependent upon you for support that are living with you in a normal parent-child relationship;
- your unmarried children younger than age 23 provided they are attending an accredited school on a full-time basis;
- your unmarried children who are considered totally disabled;
- your same sex domestic partner (you should contact the Eligibility Department for an information packet regarding coverage for your domestic partner).

Please refer to pages 24-27 of the July 1, 2003 Health Plan Booklet for complete details on eligible dependents.

You must enroll your dependents with the Health Plan within the first 31 days of acquiring a dependent or during your annual 31-day open enrollment period. In addition, your eligible dependents will not receive health coverage under the Health Plan unless payment of the dependent premium is received by the Plan office along with this completed form and the necessary documentation (see Page 2).

You can add or drop your eligible dependents in the table below.

Name of Dependent	Dependent SS#	Dependent Birthdate	Relationship	Male/ Female	Add/ Drop

Participant Name _____ Social Security # _____

Signature _____ Date _____

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DEPENDENT ENROLLMENT FORM

VERIFYING YOUR DEPENDENTS - PAGE 2 OF 2

The documentation required to enroll your dependents under you health coverage is detailed in the table below. In addition, payment of the annual dependent premium is required to enroll your dependents under your health coverage.

Type	Documentation Required
Birth	Certified Birth Certificate
Adoption/Guardianship	Certificate of Adoption or Guardianship documentation
Student	A student verification form must be completed by the accredited school. This verification form must be submitted semi-annually for the following two eligibility periods: October 1 to January 31 and February 1 to September 30. It must indicate that the student is enrolled full-time and give the start and end dates of the term.
Marriage	Certified Marriage Certificate
Domestic Partnership	Please contact the Health Plan office and request a Domestic Partner enrollment package.
Disability	A copy of attending physician's history, physical report and proof of total disability. Documentation supporting that you are providing at least half of your dependent's support must also be provided.

One dependent premium (currently $600 annually) covers all of your dependents. Payment may be made by check, money order or credit card. If paying by check or money order, please make the check or money order payable to DGA-PRODUCER HEALTH PLAN and remit it to the Health Plan with the other necessary documentation.

If you are paying the dependent premium by credit card, please fill out the Credit Card Payment section below. Please note that the dependent premium can be paid in six-month increments (*i.e.* $300), but not for a lesser period of time.

CREDIT CARD PAYMENT

If you are not remitting payment via credit card, you do not need to fill out or sign this section of the form.

Type of Credit Card (choose one): ☐ Visa ☐ MasterCard ☐ American Express

Amount of Payment (circle one): $300 / $600

Card Number

M M / Y Y

Expiration Date

Participant Name

Social Security #

Signature

Date

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