



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. This medical certification of disability must accompany the application unless you and the dependent are already enrolled in a Blue Shield plan. 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: _____ Member number: _____

Dependent child's name: _____

I, the undersigned physician, certify that _____
(dependent child's 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's signature _____ Date _____

I, the undersigned parent or guardian, certify that _____

Dependent child's name _____ Date of birth _____

is a 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's signature _____ Date _____

Parent or guardian's email address: _____

Please provide the requested information by email to **IFPapplications@blueshieldca.com**, or by mail to Blue Shield of California Installation and Billing - IFP, P.O. Box 3008 Lodi, CA 95241. If you have any questions, please call us at **(855) 836-9705**.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.
Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.
Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。