

Application For Extension of Group Insurance on Physically or Mentally Disabled Dependent



The Plan will provide coverage for all eligible disabled Dependents who have been continuously covered, with no break of more than 63 days, under any accident and health insurance since the age of 26. EMI Health may require subsequent proof of disability and dependency after the child reaches age 26, but not more often than annually.

Insured's Information

Name of insured submitting this application

Address

City | State | Zip code

Phone number

Member ID

Dependent's Information

Name of dependent

Date of birth

Relationship to insured

Dependent's place of residence
(if not living with insured)

Marital status

Single

Married

Divorced

Does dependent qualify as an exemption for your federal income tax?

Yes

No

Level of education completed

Schools or training programs attended

Work being performed for wages or profit
(please explain work performed, number of hours per week worked, and amount of wages or profit earned)

Disability Information

Nature of disability

Names & addresses of doctors consulted for this condition

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically-related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any record or knowledge of me or my health, or any one of the persons proposed for insurance, to give EMI Health any and all information about me or any one of the persons proposed for insurance with reference to our health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment.

Member signature

Date

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