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Dependent Disability Certification Form

TO: UHA Health Insurance
 ATTENTION: EMPLOYER SERVICES
 700 BISHOP STREET, SUITE 300
 HONOLULU, HI 96813

This is to certify that I have examined _____, born on ____/____/____ and find said person to be incapable of self-sustaining employment by reason of physical or mental disability which existed before attainment of age 26. I understand that UHA will require medical records or other documentation to support this certification and I agree to promptly provide any records requested to UHA.

1. Nature of disability _____

 2. Disability has been continuous from _____
Approximate Date
 3. Is the disability permanent? Yes No
 If Yes, please explain: _____
 4. In your opinion, will the individual recover sufficiently to be capable of self-sustaining employment? Yes No
 5. If "yes" to #4 above, by what date _____
 6. Remarks _____

- Signature of Attending Physician _____
- Print Name _____
- Date _____
- Address _____

TO BE COMPLETED BY UHA SUBSCRIBER

- Child has obtained: Social Security Disability Certification Letter
 Centers for Medicare & Medicaid Services (CMS) Identification Card.

Please note that one of the above must be obtained in order to enroll a disabled dependent over the age of 26. A copy must be included with the enrollment form.

I certify that the above-named dependent under my UHA Agreement is incapable of self-sustaining employment by reason of physical or mental disability, relies primarily upon me for support and maintenance as a result of his or her disability, has had no break in insurance coverage and is not married. I understand and agree that such coverage for said dependent is extended only so long as the dependent remains incapable of self-sustaining employment, relies primarily upon me for support and maintenance, and is not married. I understand and agree that this document and supporting clinical notes are subject to review and are deemed satisfactory by UHA's Chief Medical Officer or Medical Director.

Signature of Subscriber _____

Print Name _____

Date _____

Disabled Dependent Enrollment Guidelines

UHA recognizes children as dependents under “disability” within the following guidelines:

1. Written documentation has been provided for enrollment demonstrating that:
 - a. The child is incapable of self-sustaining support because of a physical or mental disability.
 - b. The child’s disability existed before the child reached 26 years of age.
 - c. The child relies primarily on parent or legal guardian, who is a UHA member, for support and maintenance as a result of their disability.
 - d. The child is enrolled with us under this coverage or another qualified health insurance coverage, and has had no break in health insurance coverage since before the child’s 26th birthday.
 - e. The child has obtained a Social Security disability certification letter or identification card from Centers for Medicare & Medicaid Services (CMS).
2. Member must provide this documentation to UHA within 31 days of the child’s 26th birthday and subsequently at our request but not more frequently than annually.

To apply for extended disabled dependent coverage, the employee must do the following:

- Have the dependent’s physician complete a **Dependent Disability Certification Form**
 - Please duplicate copies as needed for multiple dependents
- Submit the completed Dependent Disability Certification Form to UHA at least 31 days prior to the dependent’s 26th birthday.
 - Copies of the dependent’s Social Security disability certification letter or identification card from CMS must also be submitted.
- Proof of continuous coverage may also be requested.

Once the completed form and documentation is received, UHA will use the medical information submitted to determine if the child qualifies as a disabled dependent. All Dependent Disability Certification Forms are subject to review by UHA’s Chief Medical Officer and/or Medical Director.