



CONTINUATION OF COVERAGE FOR INCAPACITATED CHILDREN

INSTRUCTIONS

1. Requests for continuation of insurance should be completed and sent by you to Customer Service.
2. You will be notified whether or not continuation of insurance is approved.

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Agreement Number

This is to certify that \_\_\_\_\_  
(Name) (Birth Date)

- 1) is my unmarried child,
- 2) is mentally or physically incapable of earning his own living,
- 3) become so incapable prior to the attainment of the limiting age for coverage of children under this policy, and
- 4) is chiefly dependent upon me for support and maintenance

What is nature of incapacity and when did it begin? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request continuance of insurance that would otherwise terminate on attainment of the limiting age under the group policy.

I understand that no liability for claim on the part of the Insurance Company exists with respect to any period of time prior to the receipt of this form by the Insurance Company at its Home Office.

The Insurance Company is authorized to contact my child's attending physician (name and address indicated below) and obtain necessary information concerning my child's incapacity.

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

(SEE NOTE ON REVERSE)

\_\_\_\_\_  
Date

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NOTE:

- A) The Insurance Company reserves the right to require due proof of such incapacity from time to time and shall have the right and opportunity, at its own expense, to examine the person of such child when and as often as it may reasonably require during the continuation of such incapacity.
- B) The continuance of coverage for the child, requested above, will automatically terminate on the earliest to occur of the following dates: (i) the date of cessation of such incapacity; (ii) the date of failure to furnish any required proof of the uninterrupted continuance of such incapacity or to submit to any required examination; or (iii) the date of termination of coverage as to the child, for reason other than attainment of the limiting age, as provided in the group policy.
- C) If the inclusion of the child for coverage as of a current date requires any additional contribution, the Insured Person will be advised of that fact by the Group Policyholder.