Please return form to:
Kent State University
Benefits – Heer Hall
PO Box 5190
Kent, OH 44242
FAX: 330-672-5447

ADULT DEPENDENT CHILD ENROLLMENT FORM (AGES 26 TO 28 ONLY)

I hereby request medical coverage for my adult dependent child shown below:

Employee Name:____ Banner ID:_____________________________________
(Please PRINT)

Employee's Address:____
(Number and Street Name) (City) (State) (Zip)

ADULT DEPENDENT CHILD INFORMATION

Dependent's Name:______________________________________ Relation to Employee:___________________________

Dependent's Date of Birth: ______/______/______ Marital Status: ☐ Single ☐ Married

Dependent's Address:____
(Number and Street Name) (City) (State) (Zip)

Student: ☐ Yes ☐ No Number of credit hours:_____ Name of School:_____________________________________

Is this Dependent employed? ☐ Yes ☐ No

If yes, name **AND** address of employer:____

Does this employer offer ANY health insurance for which this Adult Dependent Child is eligible? ☐ Yes ☐ No

Is this Adult Dependent Child covered under any other group medical insurance? ☐ Yes ☐ No

If yes, identify the insurance carrier:____

Policy Number:___________________________ Policyholder Name:___________________________________

Is this Adult Dependent Child eligible for Medicaid or Medicare? ☐ Yes ☐ No

Verification Signature of Employee

I certify that all information provided on this form is correct to the best of my knowledge and authorize release of any information requested with respect to this enrollment form. I understand that Kent State, at its sole discretion, may rescind my coverage at any time on the basis of any untrue, inaccurate or incomplete answer to any question on this enrollment form, or any misrepresentation, omission or concealment on this enrollment form, whether intentional or otherwise.

____ ____________________________________
Signature of Employee Completing This Form Date

____ ____________________________________
Signature of Adult Dependent Child Date

****WARNING**: Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.