



## Extension of Coverage Request for Extended Eligibility to Age 30 Individual Plans

Nebraska law allows a dependent who is no longer a full-time student, or who becomes older than the specified age at which coverage ends pursuant to the plan, to continue coverage through the end of the month in which the dependent: (a) marries; (b) is no longer a resident of the state, unless the child is under 19 years of age or is enrolled on a full-time basis in any college, university or trade school; (c) receives coverage under another health benefit plan or self-funded employee benefit plan; or (d) turns 30 years of age. The subscriber will be billed an additional premium for such coverage equivalent to that of a single adult.

**This form must be completed and returned to Blue Cross and Blue Shield of Nebraska no later than 31 days after the date the dependent would otherwise lose coverage under the plan.**

### SECTION I

Name of Subscriber: \_\_\_\_\_

Address of Subscriber: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_

Dependent's Date of Birth (Mo., Day, Year): \_\_\_\_\_

Address of Dependent: \_\_\_\_\_

Is the dependent named above married? Yes  No

If yes, provide the date of marriage: \_\_\_\_\_

Is the dependent named above a resident of Nebraska? Yes  No

If no, provide the date the dependent moved from Nebraska: \_\_\_\_\_

Does the dependent named above have other health insurance coverage? Yes  No

If yes, provide the date coverage was effective: \_\_\_\_\_

### SECTION II Acknowledgment & Signature

I represent that my answers and statements on this enrollment form are true and complete to the best of my knowledge and belief. I understand that any misrepresentation on this enrollment form may cause the coverage to be void. I further understand that Blue Cross and Blue Shield of Nebraska reserves the right to accept or decline this enrollment form and that no right whatever is created by it. I understand that my premium will be increased in an amount equivalent to a single adult premium.

**Signature of Subscriber:** \_\_\_\_\_

**Date:** \_\_\_\_\_