

**STATE EMPLOYEES' GROUP INSURANCE PROGRAM
ELIGIBILITY CERTIFICATION STATEMENT**

MEMBER: _____ SSN: _____

DEPENDENT: _____ BIRTHDATE: _____ SSN: _____

In order to enroll or continue dependent coverage under the State of Illinois Group Insurance Program, members must certify that their dependents meet the following eligibility requirements for the dependent category checked below.

Check One	Dependent Category	Eligibility Requirements (Must Meet ALL Requirements)
	Adult Veteran Child * IRS Dependent	Adult child age 26 up to, but not including, age 30, an Illinois resident, has served as a member of the active or reserve components of any of the branches of the U.S. Armed Forces and received a release or discharge other than a dishonorable discharge. In addition, for tax years in which the child is age 27 or above, my child is unmarried and eligible to be claimed as my dependent for income tax purposes.
	Adult Veteran Child * Non-IRS Dependent	Unmarried adult child age 26 up to, but not including, age 30, an Illinois resident, has served as a member of the active or reserve components of any of the branches of the U.S. Armed Forces and received a release or discharge other than a dishonorable discharge. Note: Premiums are not tax exempt. Member must pay 100% of cost for coverage.
	Disabled	Child age 26 or older who is continuously disabled from a cause originating prior to age 26. In addition, for tax years in which the child is age 27 or above, eligible to be claimed as my dependent for income tax purposes.
	Other *	Recipient of an organ transplant after June 30, 2000, and eligible to be claimed as my dependent for income tax purposes, except for a dependent child who need only be eligible to be claimed for tax years in which the child is age 27 or above.

* This dependent type is not eligible for life insurance coverage.

I certify the dependent listed above meets ALL of the qualifications for continued coverage in the dependent category checked. I have attached the required documentation and I authorize premiums as established annually to be deducted from my pay. I understand that if my paycheck is insufficient or if I am not on payroll, I will be direct billed. I agree to abide by all Group Insurance Program rules. I understand it is my responsibility to review my paycheck and verify the amounts of the insurance deductions are accurate. I understand that if my deductions are not correct I must immediately contact my GIR. Falsification of the information contained on this form may result in discipline up to and including discharge. Additionally, the Department of Central Management Services (CMS) may impose a financial penalty, including, but not limited to, repayment of all premiums the Program made on behalf of the enrolled individual, as well as expenses incurred by the Program.

(Member's Signature Required) (Date) (Phone #) _____
(GIR Signature Required) (Date)

RETURN THIS FORM TO YOUR AGENCY GROUP INSURANCE REPRESENTATIVE

**STATE EMPLOYEES' GROUP INSURANCE PROGRAM
DEPENDENT DOCUMENTATION REQUIREMENTS**

Dependent Category	Documentation Requirements
Adult Veteran Child *	<p>The dependent's social security card (or the member's tax return indicating the dependent's SSN), birth certificate**, proof of Illinois residency and an Eligibility Certification Statement.</p> <p>Additional Documentation required for First-Time Enrollees in this category: Veterans' Affairs release form DD-214 (or equivalent).</p>
Disabled *	<p>The dependent's social security card (or the member's tax return indicating the dependent's SSN), birth certificate** and an Eligibility Certification Statement.</p> <p>Additional Documentation required for First-Time Enrollees in this category: (1) a diagnosis from an MD with an ICD-9 diagnosis code, (2) letter from the doctor detailing the dependent's limitations, capabilities and onset of condition, (3) statement from the Social Security Administration with the Social Security disability determination or a court order adjudicating the disability and (4) a copy of the Medicare card.</p>
Other *	<p>The dependent's social security card (or the member's tax return indicating the dependent's SSN), birth certificate** and an Eligibility Certification Statement.</p> <p>Additional Documentation required for First-Time Enrollees in this category: Proof of organ transplant performed after June 30, 2000.</p>

* In addition to the Eligibility Certification Statement, a copy of a current tax return proving financial dependency for tax purposes is required for dependents age 27 or above.

** A birth certificate is required unless one is already on file with your agency. Verify with your agency group insurance representative.

Penalty for Fraud: Falsifying information/documentation or failing to provide information/documentation in order to obtain/continue coverage under the Program is considered a fraudulent act. The State of Illinois may impose a financial penalty, including, but not limited to, repayment of all premiums the State made on behalf of the Member and/or Dependent, as well as expenses incurred by the Program.