

**Local Government Health Plan (LGHP)
ELIGIBILITY CERTIFICATION STATEMENT**

MEMBER: _____ SSN: _____

DEPENDENT: _____ BIRTHDATE: _____ SSN: _____

In order to enroll or continue dependent and/or adult child coverage under the LGHP, 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 19 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.
	Disabled	Child age 19 or older who is continuously disabled from a cause originating prior to age 19 (age 26 if enrolled as an adult child). 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. Note: For group insurance purposes, an 'adult child' is a member's child age 19 through 25 who is covered by the LGHP.
	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.

I certify the dependent listed above meets ALL of the qualifications for continued coverage in the dependent category checked above and have attached the required documentation as stated in the attached letter. I understand it is my responsibility to notify my health plan representative when and if the above person ceases to meet the qualifications as stated above. I acknowledge and understand that failure to notify the Local Government Health Plan of changes in my dependent's status will result in termination of coverage retroactive to the last eligible date, recovery of all claim payments and possible forfeiture of premium paid.

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

(HPR Signature Required) (Date)

RETURN THIS FORM TO YOUR HEALTH PLAN REPRESENTATIVE

**Local Government Health Plan (LGHP)
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 the 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>

* A birth certificate is required unless one is already on file with your unit. Verify with your Health Plan Representative.

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