

**Local Government Insurance Program (LGHP)  
ELIGIBILITY CERTIFICATION STATEMENT**

MEMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

DEPENDENT: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

In order to enroll or continue dependent and/or adult child coverage under the Local Government Health Plan, members must certify that their dependents meet the following eligibility requirements for the dependent checked below.

Check One	Dependent Category	Eligibility Requirements (Must Meet ALL Requirements)
	Student	Unmarried child age 19 up to but not including age 23, enrolled as a full-time student in an accredited school, and eligible to be claimed as my dependent for income tax purposes.
	Student Leave of Absence (LOA)	Unmarried child age 19 up to but not including age 23, enrolled as a student in an accredited school but is on a medical leave of absence or reduced course load to part time due to a catastrophic illness or injury, and eligible to be claimed as my dependent for income tax purposes. Maximum coverage: 1 Year
	Student Military Extension	Unmarried child age 19 up to but not including age 25, enrolled as a full-time student who was a member of the United States Armed Services, including the Illinois National Guard. Eligible for coverage for the amount of time spent on active duty between the ages of 19 and 23.
	Handicapped	Unmarried child age 19 or older who is mentally or physically handicapped, continuously disabled from a cause originating prior to age 19 (age 23 if enrolled as a full-time student), and eligible to be claimed as my dependent for income tax purposes.
	Other	Eligible to be claimed as my dependent for income tax purposes and received an organ transplant after June 30, 2000.
	Sponsored Adult Child Non-IRS Dependent	Unmarried adult child age 19 up to but not including age 26.
	Sponsored Adult Child IRS Dependent	Unmarried adult child age 19 up to but not including age 26 and eligible to be claimed as my dependent for income tax purposes by the member.
	Veteran Adult Child Non-IRS Dependent	Unmarried adult child age 19 up to but not including age 30, 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.
	Veteran Adult Child IRS Dependent	Unmarried 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 and eligible to be claimed as my dependent for income tax purposes.

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 INSURANCE PROGRAM (LGHP)  
Dependent and Adult Child  
DOCUMENTATION REQUIREMENTS**

<b>Dependent Category</b>	<b>Documentation Requirements</b>
Student *	Eligibility Certification Statement.
Student Leave of Absence (LOA)	Clinical certification of need for part-time student status or medical leave from a physician licensed to practice medicine and the Eligibility Certification Statement.
Student Military Extension	Written documentation of active duty service and the Eligibility Certification Statement.
Handicapped	A diagnosis from an MD with an ICD-9 diagnosis code, letter from the doctor detailing the dependent's limitations, capabilities and onset of condition, statement from the Social Security Administration with the Social Security disability determination or a court order adjudicating the disability, a copy of the Medicare card and the Eligibility Certification Statement.
Other	Proof of organ transplant performed after June 30, 2000, and the Eligibility Certification Statement.
Sponsored Dependent (Both IRS and Non-IRS Dependents)	Eligibility Certification Statement.
Veteran Dependent (Both IRS and Non-IRS Dependents)	Proof of Illinois residency, Veterans' Affairs release form DD-214 (or equivalent) and the Eligibility Certification Statement.

\* **Special Note Regarding the Student Category:** Members with dependents turning age 19 in June, July or August may select the 'Student' category if the dependent intends to enroll as a student in the fall.

**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.