

## SPECIAL DEPENDENT & PHYSICIAN AFFIDAVIT

Special Dependent Coverage is provided for the following persons:

- Your parents
- Your spouse/domestic partner's parents
- Your over-age or married children and their eligible dependents, including their spouse/domestic partner and children over the age of 26

Special Dependents must meet the following eligibility requirements:

- Must permanently reside in the California service area
- Must not be hospital confined at the time of enrollment
- Must not have end stage renal disease
- Must certify that coverage is for a period of 7 months or more

It is the physician's responsibility to notify Permanente Benefits within 30 days of one of these events:

- Special Dependent and/or covered dependents move outside of the service area
- Addition or deletion of covered members through birth, death or divorce

### **IMPORTANT:**

Coverage is limited to KFHP coverage only. Dental, Supplemental Medical and Alternate Mental Health coverage is not available to Special Dependents. Coverage must be for a period of 7 months or more.

If the Special Dependent is covered by another Kaiser Foundation Health Plan program and the Special Dependent Coverage is meant to replace that program, it is the Special Dependent's responsibility to cancel that program. SCPMG does not cancel any other program the Special Dependent may be enrolled in.

Premiums are charged on a monthly basis. If the Special Dependent's coverage is cancelled due to non-payment of premiums, coverage will not be reinstated for the Special Dependent(s) at a later date or retroactively.

To add or discontinue Special Dependent Coverage, the necessary enrollment or disenrollment forms must be completed. Phone calls or emails are not sufficient. Coverage becomes effective on the first day of the month following receipt of the necessary enrollment forms. Coverage is discontinued on the last day of the month following receipt of the necessary disenrollment forms.

### **For Special Dependents age 65 and over:**

Upon attainment of age 65, the Special Dependent must enroll in Senior Advantage and assign their Medicare Part A and Part B to Kaiser Foundation Health Plan. If the Special Dependent either chooses not to assign their benefits to Health Plan, or is not eligible for Medicare Part A and Part B, the rate for the Special Dependent will increase substantially.

If the Special Dependent is over the age of 65 with Medicare Parts A and B assigned to Kaiser Foundation Health Plan and would like to **completely disenroll** from the Kaiser Foundation Health Plan AND Senior Advantage, you must also complete a Senior Advantage Disenrollment Form **at least 21 days in advance** of the desired termination date. If the notice is received less than 21 days in advance, coverage will be discontinued on the last day of following month after the 21 days have elapsed.

If the Special Dependent is planning to disenroll as a Special Dependent but will **continue** coverage as an individual Senior Advantage member, a Senior Advantage Disenrollment form is NOT required.

I have read the information above and certify that the Special Dependent I am enrolling meets all of the requirements listed above.

\_\_\_\_\_  
Special Dependent Signature and Date

\_\_\_\_\_  
Special Dependent Name (please print)

\_\_\_\_\_  
Physician Signature and Date

\_\_\_\_\_  
Physician Name (please print)