

## Request for Certification of Disabled Dependent

The "Request for Certification of Disabled Dependent" form is used to determine if your dependent child meets the group's eligibility requirements for continued coverage after the age limits are reached.

Please complete the form. The second half must be completed by the physician or specialist most familiar with the nature of the disability. If your dependent has been awarded Social Security benefits, please attach a copy of the Social Security Income (SSI) award letter.

In addition, please include the following information and attach it to the form:

- Your dependent's most recent medical history (must be within 12 months)
- Physician's most recent exam notes and history addressing the disability
- Assessment of your dependent's functional level (including employment capability, education and daily activities)
- Clinical findings (such as results of specialized exams, physical or mental)
- Laboratory findings
- Treatment prescribed and prognosis

Examples of acceptable sources for the information include licensed physicians, licensed or certified psychologists, and licensed optometrists.

You or your physician may submit the information, along with the completed and signed "Request for Certification of Disabled Dependent" form, to the following address:

Premera Blue Cross  
Membership & Billing, MS 187  
PO Box 91059  
Seattle, WA 98111-9159

When this information has been received, it will be reviewed by our medical department for a determination of future coverage. If additional medical information is required, we will contact you or the physician.

If you have questions regarding the attached form, please call Customer Service at 1-800-722-1471.

