oscar

295 Lafayette St. 6th Floor | New York, NY 10012

Disabled Adult Dependent Request Form

Instructions

Please complete this form to request continued coverage for a disabled adult dependent age 26 or above.

1. Fill out the fields below, sign and date the form.
2. Attach the physician's summary. If this is a new enrollment, please also include evidence of continuous coverage for your dependent. See the back of this form for details.
3. Return this form and documentation by emailing help@hioscar.com Attn: Eligibility.

Please be aware that completed paperwork is required within 60 days of your dependent reaching the age of 26. Additionally, a recertification of disability may be required annually to ensure ongoing coverage.

SUBSCRIBER INFORMATION				
ID Number (if already enrolled)	Name (First, Middle initial, Last)			Social Security Number __ __ __ - __ __ - __ __ __ __
Street Address	Apt/Floor	City	State	Zip Code
Phone Number ( ) -		Email Address		

DEPENDENT INFORMATION			
Name (First, Middle initial, Last)	Date of Birth	Gender ☐ M ☐ F	Social Security Number __ __ __ - __ __ - __ __ __ __
Dependent Relationship to Subscriber ☐ Child ☐ Other _____			

The dependent listed above is the unmarried child, stepchild or adoptive child of the subscriber and is age 26 or older.	☐ Yes ☐ No
The dependent listed above resides with me or my spouse.	☐ Yes ☐ No
Has the dependent ever been employed for wages? ☐ Currently working at / ☐ Worked in the past at _____ Hours per week _____ Wages per week _____	☐ Yes ☐ No
Is the dependent eligible for care under Medicare?	☐ Yes ☐ No
Has the dependent been found eligible as disabled by supplemental security income (SSI) or social security disability insurance (SSDI)? If yes, documentation is required to evaluate disabled dependent coverage. Example: Notice of award letter.	☐ Yes ☐ No

Please read the following carefully.

I certify that I have carefully and fully read the information on the next page of this form. I also certify that the statements and answers given are complete and correct to the best of my knowledge. No information required to be given, either expressly or by implication, has been knowingly withheld. I have provided supportive documentation on my dependent's disability as requested above and I am aware that without proper documentation coverage may be denied. I am also aware that additional information may be required to make a determination of coverage and that presenting this documentation does not imply automatic coverage.

I agree to promptly advise Oscar Insurance within 30 days of any change that affects the adult dependent's eligibility. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information, or who conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act. This is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Subscriber Signature _____ Date _____

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Physician's Summary

The physician's summary must include the following information:

- Description of the disabling condition, including symptoms associated with the disability;
- The extent to which the disability prevents self-sustaining employment and whether accommodation is possible;
- Date at which the disability began; and
- Current prognosis, including an estimate of when self-sustaining employment may be possible.

Please note that the physician's summary must be written on the physician's office stationery and be signed by the dependent's physician. It should include the physician's contact information (phone number, address, and email).

New Enrollments Only

To be eligible for coverage with Oscar, the dependent must have been continuously covered by another carrier as a child dependent prior to reaching the age of 26. This coverage must also have remained in effect until the date on which coverage with Oscar is requested to begin. Please attach a certificate of creditable coverage or evidence of prior coverage with this form.

Date by Which Paperwork Must be Received (Existing Members Only)

Submission of this application and proof of the dependent's disability must be sent to Oscar within 60 days of the dependent reaching the age of 26.

Eligibility Requirements

Under California law, an adult dependent may be eligible for continued coverage if he or she:

- Is allowed as a federal tax exemption by the subscriber or the subscriber's spouse;
- Is incapable of self-sustaining employment due to physical handicap or developmental disability; and
- Is chiefly dependent on the subscriber for support and maintenance

Developmental disability - Means a severe, chronic disability that:

a. is attributable to a mental or physical impairment or a combination of mental and physical impairments;
b. is manifested before the Covered Person:
   1. attains age 22 for purposes of the Diagnosis and Treatment of Autism and Other Developmental Disabilities provision; or
   2. attains age 26 for all other provisions.
c. is likely to continue indefinitely;
d. results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency;
e. reflects the Covered Person's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of, lifelong or extended duration and are individually planned and coordinated. Developmental disability includes but is not limited to severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina-bifida and other neurological impairments where the above criteria are met.

Physical handicap - This term refers to a condition, function or physical disability that makes participation in certain usual activities of daily living difficult or impossible. A physical handicap may be present at birth or develop over an individual's lifespan.

Return the form and documentation to: help@hioscar.com, Attn: Eligibility

Please be aware that completed paperwork is required within 31 days of your dependent reaching the terminating age of 26.
Additionally, a recertification of disability may be required annually to ensure ongoing coverage.