

Request for Continuation of Coverage for Disabled Child Past Age 26

Required Documents & Submission Instructions

To reinstate a dependent as a covered individual, Humana requires specific documentation for review.

1. Complete the form on page two of this document.
2. Choose one of the two document options listed below.
3. Submit the required items to the Enrollment Department for processing.

Option 1:

1. **An approved disability benefits statement** from the Social Security Administration (SSA).
2. **The top page of your current Income Tax Return**, showing the dependent child as an IRS-dependent. (You may black out financial information.)

OR

Option 2:

1. **A recent medical statement** from the dependent's doctor, listing the medical reasons for the disability. The statement must verify that the condition is a permanent mental disability or physical handicap, as stated in your certificate.
2. **The top page of your current Income Tax Return**, showing the dependent child as an IRS-dependent. (You may black out financial information.)
3. **The completed Disability Certification form** (enclosed with this instruction).

How to Submit the Documents:

You have two options for submitting the documents for review:

1. **Forward to your representative:** If you have the required documents, you can forward them to [your representative's name or department] directly, and they will expedite the review and processing for you.
2. **Send directly to Enrollment:** If preferred, you can submit the documents directly to the Enrollment Department using the following contact details:

Mail: Humana Enrollment Department
P.O. Box 14330
Lexington, KY 40512-4330

Fax:
866-584-9140

DISABILITY CERTIFICATION

Dependent's Name: _____

Humana ID Number: _____

PLEASE CHECK EACH STATEMENT THAT APPLIES:

- ☐ My dependent is incapable of self-support because of mental or physical disability.
- ☐ My dependent is unmarried.
- ☐ My dependent is reliant upon me for support and maintenance as I provide for 50 percent or more of their support and maintenance.

SUBSCRIBER, PLEASE SIGN BELOW:

I verify that my dependent child meets these requirements.

Signature

Date

PLEASE REMEMBER TO ENCLOSE THE ITEMS LISTED ON THE FIRST PAGE.