



DEPENDENT CHILD - Please complete this section if you are applying for coverage for a child for whom you are the legal guardian or for an adopted child, or a child that has been placed with you for adoption.

Acceptable legal documentation includes:

- For legal guardianship
A copy of the court order that conveys legal guardianship of the child to the subscriber or spouse. Custody agreements or orders do not convey legal guardianship
- For an adopted child
A copy of court documents signed by a judge showing that the subscriber has adopted the child; or international papers from the country of adoption; or papers from adoption agency showing intent to adopt.

1. Relationship to Subscriber

2. Mother's Last Name

First Name

Mailing Address

City

State

Zip

Date of Birth

3. Father's Last Name

First Name

Mailing Address

City

State

Zip

Date of Birth

Adoption – Inasmuch as I am legally obligated to support this child during the period prior to completion of the adoption proceedings, I hereby apply for the inclusion of this child as a family member under my health plan.

Legal Guardianship- A child for whom the subscriber is the legal guardian is eligible. Please note custody alone is not sufficient. A court must specifically confer legal guardianship. The child is eligible for coverage the date of the court order.

Please submit your acceptable legal documentation along with this form (placement agency papers, letter from law firm/attorney on law firm/attorney letterhead, papers from country of birth).

I hereby certify that on the date (mm/dd/yy) of I began legal proceedings for the adoption of the child noted above.

DEPENDENT – I hereby apply for inclusion of this child as a family member under my health plan. I agree to notify Univera Healthcare when a change in status occurs.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

Subscriber Signature _____ Date _____

**If you have any questions, please contact your Group Representative/Administrator.
Or, visit us at: www.univerahealthcare.com**

Notice of Nondiscrimination '

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services and are a Child Health Plus or Managed Medicaid member, please call 1-800-650-4359. If you are an Essential Plan member, please call 1-877-626-9298. All others please call 1-800-499-1275.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Childتنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. إذا كنت عضوًا في
، يرجى الاتصال على الرقم 1-800-650-4359. إذا كنت عضوًا في Managed Medicaid أو Health Plus
، يرجى الاتصال على الرقم 1-877-626-9298. لجميع البرامج الأخرى، يرجى الاتصال على
الرقم
1-800-499-1275.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Si vous êtes un membre du programme Child Health Plus ou Managed Medicaid, veuillez appeler le 1-800-650-4359. Si vous êtes un membre du programme Essential Plan, veuillez appeler le 1-877-626-9298. Si vous êtes dans une autre situation, veuillez appeler le 1-800-499-1275.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت میں زبان کی مدد دستیاب ہے۔ اگر آپ Child Health Plus یا Managed Medicaid کے ممبر ہیں تو براہ کرم 1-800-650-4359 پر کال کریں۔ اگر آپ Essential Plan کے ممبر ہیں تو براہ کرم 1-877-626-9298 پر کال کریں۔ باقی سبھی لوگ براہ کرم 1-800-499-1275 پر کال کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may magagamit kang libreng tulong sa wika. Kung isa kang miyembro ng Child Health Plus o Managed Medicaid, mangyaring tumawag sa 1-800-650-4359. Kung isa kang miyembro ng Essential Plan, mangyaring tumawag sa 1-877-626-9298. Para sa lahat ng iba pa, mangyaring tumawag sa 1-800-499-1275.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Αν είστε μέλος των προγραμμάτων Child Health Plus ή Managed Medicaid, καλέστε στο 1-800-650-4359. Αν είστε μέλος του προγράμματος Essential Plan, καλέστε στο 1-877-626-9298. Διαφορετικά, καλέστε στο 1-800-499-1275.

Vini re: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Nëse jeni anëtar i "Child Health Plus" ose "Managed Medicaid", ju lutemi të telefononi numrin 1-800-650-4359. Nëse jeni anëtar i planit bazë, ju lutemi të telefononi numrin 1-877-626-9298. Të gjithë personave të tjerë iu lutemi që të telefonojnë numrin 1-800-499-1275.