[Mr/Mrs./Ms.] lastname ,

The Employee Benefits Division has received your request to extend benefit coverage for som\_dependent as an incapacitated dependent. Per the State of Michigan’s Dependent Eligibility Guidelines, a child who is unmarried and unable to sustain employment because of a developmental or physical disability may continue enrollment in health, dental, vision, and dependent life insurance beyond normal age limits if all the following conditions establishing incapacitated status are met:

* Your child became incapacitated before reaching the age limit for the coverage (age 23 for dependent life insurance and the end of the month in which they turn age 26 for health, dental and vision).
* You have submitted documentation verifying your child's incapacity within 31 days after the child reaches the age limit for termination of the coverage.
* Your child is unmarried and continues to be incapacitated and chiefly dependent on you for support and maintenance.
* Your child’s coverage does not terminate for any other reason.

Your state-sponsored health insurance carrier will review the documentation submitted by som\_dependent provider to determine if your child meets the required medical criteria. They will also provide the Employee Benefits Division with information regarding whether your child’s incapacitated status occurred prior to the age limit for the requested benefit(s).

 Please complete the criteria below to attest to the following:

This dependent is unmarried.

☐ Yes   ☐ No

This dependent is unable to attain self-sustaining employment because of a developmental or physical disability.

☐ Yes   ☐ No

This dependent is reliant on you for support and maintenance.

☐ Yes   ☐ No

Indicate below the benefits that you are requesting coverage be extended under if this dependent is deemed eligible for continued coverage.

☐ Health

☐ Dental

☐ Vision

☐ Dependent Life

Thank you,

Employee Benefits Division

Email:  MCSC-EBD@michigan.gov

Phone:  800-505-5011

Fax:  517-284-0078