

Dependent Change Form

Please print clearly. Keep a copy of the completed form for your records. If you have any questions, contact an account manager at 1-855-208-8762 or your producer/insurance agent.

Information about the Policyholder			
Last Name	First Name	MI	Member ID Number

I want to add the following dependents to my Policy:

You must submit this form within 60 days of a qualifying event. Coverage for newly acquired eligible dependents will be effective the first day of the month following the receipt and acceptance of an enrollment application by UPMC Health Plan. Newborn children, whether natural born, adopted, or placed for adoption, are covered automatically from the moment of birth or from the date of legal placement for thirty-one (31) days regardless of the length of your coverage period. Refer to your UPMC *Advantage* Policy for eligibility requirements.

Name (Last, First, MI)	Marital Status	Social Security Number	Date of Birth	Age	Sex (M/F)	Qualifying Event	Date of Qualifying Event
Spouse/Domestic Partner:	<input type="checkbox"/> Married <input type="checkbox"/> Single					<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Court-Ordered	
Dependent Children Under 26							
a.	<input type="checkbox"/> Married <input type="checkbox"/> Single					<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Court-Ordered	
b.	<input type="checkbox"/> Married <input type="checkbox"/> Single					<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Court-Ordered	
c.	<input type="checkbox"/> Married <input type="checkbox"/> Single					<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Court-Ordered	
d.	<input type="checkbox"/> Married <input type="checkbox"/> Single					<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Court-Ordered	
e.	<input type="checkbox"/> Married <input type="checkbox"/> Single					<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Court-Ordered	

Tobacco Use

Tobacco use means that a person currently uses or has used tobacco an average of four or more times a week within the past six months. Tobacco includes all tobacco products. However, religious or ceremonial uses of tobacco (for example, by Native American Indians and Alaskans) are specifically exempt. **Do any of the dependents being added, who are over the age of 18, use tobacco? If yes, please provide the following information.**

Name of Tobacco User	Date of Last Use	Would this tobacco user like to enroll in a tobacco- cessation program with UPMC Health Plan?* Answer Yes or No.

*If you answer yes, and if you become a UPMC Health Plan member, a health coach may contact you to discuss our tobacco-cessation program. You may also enroll by calling us at 1-800-807-0751 after your effective date.

The following dependents are eligible for coverage on your Policy:

- Your spouse under a legally valid existing marriage. A spouse who is eligible for Medicare coverage may not be eligible for this coverage.
- Your children under 26 years old, including newborn children, stepchildren, children legally placed for adoption, and children for whom coverage is mandated by a court order or for whom you have custody or guardianship as set forth in a court order or other legally binding document.
- Disabled dependents
- Domestic partners: A relationship of two individuals of the opposite or same sex who have an exclusive mutual commitment, similar to marriage, in which the individuals agree to be jointly responsible for each other's common welfare, living expenses, and financial obligations.

Dependents must live in the service area and be a U.S. citizen or lawfully present immigrant. To obtain coverage for a dependent, you may be required by the Health Plan to provide proof that the individual meets one of the above criteria. Coverage is contingent on the dependent's meeting all of the eligibility criteria, UPMC Health Plan's acceptance of an application, and payment of the premium.

I have read this Dependent Change Form or had it read to me. I represent that the answers and statements on this Dependent Change Form are true, complete, and correctly recorded. 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 subjects such person to criminal and civil penalties. I understand and agree that providing false information or omitting relevant information in this Dependent Change Form may result in the denial of claims or cancellation of coverage.

Signature: _____ **Date:** _____

Please return this completed form. You may fax it to 1-877-500-5179 or mail it to:

Attn: UPMC *Advantage* Account Management
UPMC Health Plan
U.S. Steel Tower, 25th Floor
600 Grant Street
Pittsburgh, PA 15219

UPMC *Advantage* HMO is a product of UPMC Health Plan Inc. and UPMC Health Coverage Inc. UPMC *Advantage* PPO is a product of UPMC Health Network Inc. and UPMC Health Options Inc., administered by UPMC Health Plan Inc. Please note that throughout this document, we use the terms "UPMC Health Plan" and "the Health Plan" to refer to UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., and UPMC Health Plan Inc. This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered.