



# Disabled Dependent Physicians Eligibility Request Form

San Joaquin County’s medical plans allow children over the age of 26 to remain on the employee’s benefits health plan *only if* the adult child is “**incapable of self- support due to intellectual disability and/or physical capacity**”. To ensure we are following the IRS regulations and plan requirements, we must do our due diligence in allowing only those eligible dependents to remain on the County’s health plans beyond the age of 26.

For overage dependents to remain eligible under the employee’s health care plan, **this form must be completed by the physician stating that the dependent meets one or both qualifying conditions mentioned above.**

Once the form is completed, please submit to: SJC Human Resources Benefits at [employeebenefits@sjgov.org](mailto:employeebenefits@sjgov.org) or fax 209-468-9734, interoffice or mail it to our office.

### Section I: Member and Dependent Information (to be completed by employee)

<b>Employee/Parent Name</b>	<b>Employee ID</b>	<b>Contact Phone</b>
<b>Address</b>	<b>City, State</b>	<b>Zip code</b>
<b>Adult Dependent Name</b>	<b>Date of birth</b>	<b>Social Security No.</b>

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Phone number / Email

### Section II: To be completed only by physicians specializing in this dependent’s disability

I hereby certify under penalty of perjury that I am a licensed physician and the information provided by me is true and correct.

**Is this dependent incapable or self-support because of a physical or mental disability? Y / N**

**Is this dependent is identified as a disabled for health benefit purposes? Y / N**

\_\_\_\_\_  
Physician’s name as shown on license

\_\_\_\_\_  
Physicians State License Number

\_\_\_\_\_  
Local address, City, State, Zip

\_\_\_\_\_  
Phone No. / Fax No.

\_\_\_\_\_  
Physicians Original Signature

\_\_\_\_\_  
Date