

## Acknowledgement of Extended Eligibility Rules for Adult Children up to Age 26

Group Medical and Dental

Group Name: SURA/ Jefferson Science Associates (Grandfathered Plan)

\* This acknowledgement form is only to be completed if you wish to enroll or maintain medical and/or dental benefits coverage for your adult dependent(s) (ages 18-26).

## Eligibility Rules for Adult Dependent Children up to Age 26:

Adult Children may be eligible for medical and dental coverage until the end of the month they reach age 26.

## Your adult children can join or remain on your plan whether or not they are:

- Married;
- Living with you;
- In school; or
- Financially dependent on you

## Adult children are NOT eligible for coverage on your insurance plan if:

• Adult Children have group-sponsored coverage available through their employer

I am enrolling my adult dependent(s) up to age 26 (until the <u>end</u> of the month they reach age 26) in coverage with JSA Medical and/or Dental plans using the on line Employee Self Service (ESS) system at the following link: <u>misportal.jlab.org/time</u>

I hereby acknowledge that I have read the eligibility rules above by signing this document and my adult dependent(s) meets the eligibility criteria. I also understand that I must return this document to Human Resources no later than Friday, March 4, 2011 to have my adult dependent(s) enrolled on my insurance plan.

Signature:	
Date:	