TICUA
BENEFIT CONSORTIUM

Other Coverage & Over Age Student Information

Employees, this form is to be completed any time there is a change in other coverage applicable to you or any of your covered dependents, or when you are covering an over age child. Our claims administrator will also request this form if they receive a claim and have not received other coverage information from you during the prior 12 months or over age student information for the current period. Please fill out all applicable parts of this form, sign and date it, and return to your human resources department.

Section I: Employee Information

Last Name	First Name	MI	Social Security No.	Date of Birth	Gender
			- -	/ /	M F

Home Address	City	State	Zip	Phone Number
				( )

College or University Name		What is your marital status?		What is your current job status?
	X	**Single** – Complete Section III (if applicable)	X	**Active**
	X	**Married --** Complete Section II and Section III (if applicable)	X	**Retired**
	X	**Divorced --** Complete Section III (if applicable)	X	**Disabled**
	X	**Widowed** – Complete Section III (if applicable)	X	**On COBRA –** Fill out Section IV: COBRA Information

Section II: Spouse Information

Last Name	First Name	MI	Social Security No.

Is your spouse employed?	Name of Spouse's Employer	Employer Phone No.
Yes No		( )

Does your spouse have health insurance coverage? → → →	Yes / No	Are you covered under spouse's plan? → → →	Yes / No	Circle Coverage Type → → →	Single / Family

Name of Spouse's Insurance Carrier	Address of Spouse's Insurance Carrier	Insurance Carrier Phone #
		( )

Section III: Dependent Child Information

Child's Name	Social Security Number	Birthdate	Gender	Natural Child (N) or Step Child (S)	Does child live with you?
Last Name, First Name, M.I.	- -	/ /	M F	N S	Yes No
Last Name, First Name, M.I.	- -	/ /	M F	N S	Yes No
Last Name, First Name, M.I.	- -	/ /	M F	N S	Yes No
Last Name, First Name, M.I.	- -	/ /	M F	N S	Yes No
Last Name, First Name, M.I.	- -	/ /	M F	N S	Yes No

If you are divorced, does your child live with his or her other natural parent? → Yes No

If child does not live with you or other natural parent, please specify other living arrangement: →	

CONTINUED ON NEXT PAGE

Other Coverage & Over Age Student Information - Page 2

Section IV: Other Natural Parent Information - If you are divorced and have a child, please enter other natural parent's information.

Last Name	First Name	MI	Social Security No.	Date of Birth
				/ /

Home Address	City	State	Zip	Phone Number
				( )

Place of Employment	Employer Address	Employer Phone No.
		( )

Please provide the following to the Human Resources department at your institution

1. A copy of that portion of your divorce decree that mandates which party is to provide coverage for medical care for this dependent.
2. If this issue is ***not*** specified in your divorce decree, you ***must*** provide either (1) A copy of the legal assignment of Medical Care provided by a court **OR** (2) A notarized statement that you are principally responsible for the medical care of this dependent child.

I certify that the above is a complete statement of other medical care/coverage available for the above dependent.

Signature of Employee: ___(Divorced Parent Signature Only)___

Section V: Full Time Student Certification – Please fill out this section for dependent children who are over age 24. A letter from the registrar's office ***must*** be provided to your human resources representative.

Last Name	First Name	MI	Social Security No.	Date of Birth	Gender
			- -	/ /	M F

Please specify what college, university, trade school, etc. dependent is attending: →	

Year Enrolled→	20__	**Term Attending→**		**Spring**		**Summer**		**Fall**		**Winter**		**Other:**	

Statement of Accuracy: I hereby confirm that all information provided is complete, accurate and truthful.

Employee Signature: ______________________ **Date:** ____________

TO BE COMPLETED BY HUMAN RESOURCES ONLY

Human Resources Department, fill in the information below and fax or mail to:
TICUA Benefit Consortium, 1031 17th Avenue South, Nashville, TN 37212, Tel. (615) 292-3535, Fax (615) 292-3933.

Group No.	Employer Certification: I certify that all the information included on this form is current and correct to the best of my knowledge. →	Employer Signature