

**[NAME OF PLAN]**  
**Notice of Special Enrollment Opportunity for Children under Age 26**

Date: \_\_\_\_\_

To comply with the recently enacted federal health care reform act, the [NAME OF PLAN] ("the Plan") has been amended, effective [ENTER FIRST DAY OF FIRST PLAN YEAR BEGINNING AFTER SEPTEMBER 23, 2010 OR EARLIER DATE WHEN PLAN IS VOLUNTARILY IMPLEMENTING THE AGE 26 LIMIT AND OFFERING THE SPECIAL ENROLLMENT PERIOD], to make medical coverage available to any child of an eligible employee until the child reaches the age of 26. Because of this change, the Plan is providing a special enrollment opportunity for certain children under age 26 to be enrolled in the Plan's medical coverage.

Except as described in the next paragraph, this special enrollment opportunity is available to any child who is under age 26 on [ENTER SAME DATE USED ABOVE] whose medical coverage under the Plan ended, or who was denied coverage (or was not eligible for coverage), because the availability of dependent medical coverage ended before the child reached age 26. If this applies to your child, you may enroll that child (and yourself, if you are not currently enrolled in the coverage) during a 30-day special enrollment period that begins on [ENTER DATE-- THIS DATE MUST BE NO LATER THAN THE DATE OF THIS NOTICE AND ALSO CANNOT BE LATER THAN THE FIRST DAY OF FIRST PLAN YEAR BEGINNING AFTER SEPTEMBER 23, 2010]. To take advantage of this opportunity, you must request enrollment before the end of this 30-day period. Enrollment will be effective [ENTER DATE USED IN FIRST PARAGRAPH].

This special enrollment opportunity is available only for a child who is not eligible for other employer-sponsored medical coverage (besides another plan for which the child is eligible as the child of a parent). So, for example, if your child is employed and is eligible for coverage under his or her employer's plan or if your child is married and is eligible for coverage under his or her spouse's plan, your child is not eligible to enroll in this Plan, even if the child is not actually enrolled in that other coverage. If you wish to enroll your child in the Plan's medical coverage during this special enrollment opportunity, you must complete the following statement, as well as the enclosed Enrollment Form.

I wish to enroll the following child (or children) in medical coverage under the Plan, effective [DATE]:

Name: \_\_\_\_\_ Date of birth (MM/DD/YY): \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth (MM/DD/YY): \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth (MM/DD/YY): \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth (MM/DD/YY): \_\_\_\_\_

By signing below, I certify that any child named above is not enrolled in and is not eligible to enroll in any employer-sponsored coverage based on the child's employment or a spouse's employment or under any other plan other than a plan of a parent of the child. If a child I am enrolling in the Plan becomes eligible for coverage under another plan (other than a parent's plan) in the future while the child is enrolled in this Plan's medical coverage, I understand that I am required to inform the Employer of that eligibility as soon as practicable after the child becomes eligible for that other coverage. I understand that any misrepresentation that I make on this form is grounds for denial of benefits and other disciplinary action, as determined by the Employer, up to and including termination of employment. I understand that, if an ineligible child is enrolled in the Plan based on any misrepresentation made on this form, I will be responsible for repaying the Employer for any benefits provided for that ineligible child.

Employee's Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

To request special enrollment, complete and return this form to:

[NAME AND ADDRESS OF EMPLOYER OR OTHER PARTY THAT WILL PROCESS THE FORM]

If you have any questions about this special enrollment opportunity, contact us at the above address or at [PHONE].