



### Instructions for completing the HINT application and verification of requirements form

Initial requests for coverage will require completion of both the HINT application and the verification of requirements form. An updated verification will be required annually, but if there is no break in coverage, only the verification will be required in subsequent years.

To qualify for coverage, the adult child must meet *all* of the eligibility criteria as either a dependent or a student:

- As a dependent, the adult child must:
  - must be a qualified dependent by blood or law of a covered employee/parent/subscriber;
  - have a parent/subscriber who is covered under an AmeriHealth NJ plan;
  - be under age 31;
  - not be otherwise eligible for coverage within the plan's limiting age provisions;
  - be unmarried;
  - have no dependent of his/her own;
  - have proof of prior creditable coverage;
  - be a resident of the State of New Jersey.
- As a student, the adult child must:
  - be enrolled as a full-time student at an accredited public or private institution of higher education (Note: Although the parent/subscriber must be covered under an AmeriHealth NJ plan, the student need not reside in New Jersey);
  - not receive coverage as a named subscriber, insured, enrollee or covered person under any other group health benefits plan or be entitled to benefits under Title XVIII of the Social Security Act, Pub.L. 89-97.

If the dependent is a full-time student residing out of state, the member must provide:

- the name of the school \_\_\_\_\_;
- the expected date of graduation \_\_\_\_\_ (mm/yyyy);
- a copy of the class schedule signed and stamped by the registrar.

In addition, please note the following:

- Members are eligible to apply for coverage only at the following times:
  - during an Open Enrollment\*;
  - within 30 days prior to attainment of limiting age;
  - within 30 days after eligibility for other reasons.
- Please sign and date the application and verification. Failure to do so will delay processing of your application and coverage will not be activated during such time. Please be sure all questions have been answered, or we will not be able to process your application.
- For each eligible over-age dependent, the AmeriHealth premium rate\*\* will be calculated at 67.4% of the single rate for the same plan of benefits in which the parent is actively enrolled. **Please contact your AmeriHealth Marketing Representative for the exact over-age dependent rate.** An over-age dependent must include a check for this amount when he or she mails in the completed HINT application. AmeriHealth will bill the over-age dependent directly. Ongoing premium payment must be received within 30 days of the due date, or coverage will automatically be terminated.

Note: Although the parent must continue eligibility under the AmeriHealth plan for a dependent's coverage to continue, coverage for the dependent will be issued as stand-alone coverage. All cost-sharing requirements and limitations will apply to the dependent only and will not be combined with the parent's policy. Covered expenses incurred by the dependent will not contribute to family deductibles and/or out-of-pocket maximums.

**\*For small group only:** Open Enrollment is defined as a 30-day period in each year following the year that coverage terminates at the specific age as provided in the plan, beginning on the anniversary date on which coverage terminated.

**\*\***This premium rate includes the 102% factor that is noted on the HINT application.