



Employee Name							
Employee ID							

## 2012 Affidavit for Health Coverage of Adult Children

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010 and amended by the Health Care and Education Reconciliation Act of 2010 on March 30, 2010. PPACA provides for the extension of health insurance coverage to young adult children between the ages of 19 - 26. This coverage is available to qualifying young adult children regardless of his/her student, marital, or IRS dependent status until his/her 26<sup>th</sup> birthday. **However, under a grandfathered plan, such as the Tufts University Health Plan, coverage is not extended if an adult child has access to employer-based coverage from his/her employment or that of his/her spouse.**

**Action Item:** To continue health coverage for your adult child(ren) under PPACA, you must complete this affidavit and return it to the address at the bottom of the form **by December 31, 2011**. **Failure to do so will result in your adult child being removed from coverage under the Tufts University Health Plan.**

In order to be eligible for coverage under the Tufts University Health Plan, a dependent child must meet all the following requirements

- The dependent is your child by birth or adoption, your stepchild, or foster child and
- The dependent is not eligible for health benefits through his/her own employer or his/her spouse's employer
- The dependent is at least age 19 (or will be 19 during 2012), but less than age 26.

**List the adult child(ren) for which you are requesting coverage under the Tufts University Health Plan below:**

Adult Child's Name (Last, First, Middle)	Date of Birth	Relationship	Gender (Male/Female)	Is this child Disabled?		Is this child eligible for insurance through his/her employer or his/her spouse's employer? (Circle One)	
				Yes	No	Yes	No

**Authorization and Signature:**

The information provided above is correct to the best of my knowledge. I certify under penalty of perjury that the dependents listed on this form fully meet the listed definition of eligibility. I will provide, if requested, documentation regarding my relationship (birth certificate, adoption certificate, etc.) to this dependent and his/her age. I will notify Tufts University within 30 days of a change in my adult child's eligibility for employer-provided health benefits.

Employee Name (Please Print)	University Employee ID Number
Employee Signature	Date

**Return completed form by December 31, 2011 to:** Tufts University Human Resources Benefits Office, 200 Boston Ave, Ste 1600, Medford, MA 02155 or fax to 617-627-3615.

HR USE ONLY <input type="checkbox"/> Received by _____ on _____ (date)
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