



417 Walnut Street / Harrisburg, PA 17101
877-463-9891 / FAX 717-720-5598

Please have the employee complete the form below and return it to your company's Benefit Administrator. The completed form should be forwarded to Pennsylvania Chamber Insurance.

Unmarried children between the ages of 19 and 25 are eligible dependents provided they are considered full-time students by the Registrar of an accredited college or university and are dependent upon the employee for support.

If the dependent is not a student but is deemed disabled and coverage should be continued, please make a note on the **Extended Eligibility Form**.

If the dependent child is neither a full-time student nor is disabled, they are not eligible for coverage as part of the Pennsylvania Chamber Insurance medical, dental or vision plans.

Extended Eligibility Form

Company Name _____

Employee SSN: _____ - _____ - _____

Employee Name: _____

Employee Address: _____

Employee Telephone: (_____) _____

Dependent SSN: _____ - _____ - _____

Dependent Gender: M F

Dependent DOB: _____ / _____ / _____ MM/DD/YYYY

Dependent Full Name: _____

Dependent Address: _____

Same as Employee?

Yes No

Is dependent a full-time student as defined by Registrar's Office? Yes No

Name of College or University _____

Expected date of graduation Month: _____ Year: _____

Is dependent considered disabled? Yes No

Employee Signature _____ Date _____

Employer Signature _____ Date _____

I certify that the information provided on this form is true to the best of my knowledge. Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.