Enrollment Department
Altus Dental
PO Box 1557
Providence, RI 02901-1557
1-877-223-0577
www.altusdental.com

Handicapped Dependent Application

An unmarried dependent child who is incapable of self-sustaining employment due to mental retardation or a permanent, disabling physical handicap, may remain a member on the subscriber's family membership if the condition began before the child reached age 19 and if the child is chiefly dependent on the subscriber for financial support. This application must be completed and received by Altus Dental before the end of the month in which the child turns 19.

1. SUBSCRIBER NAME FIRST LAST		
2. ALTUS DENTAL ID NUMBER	3. GROUP NUMBER	4. GROUP NAME
5. ADDRESS (Number, Street, City, State and Zip Code)		
6. NAME OF DEPENDENT CHILD	7. CHILD'S DATE OF BIRTH Month / Date / Year	8. DATE CHILD'S DISABILITY OCCURRED
9. IS CHILD PERMANENTLY RESIDING IN YOUR HOUSEHOLD? Yes No IF "NO," EXPLAIN:		
10. IS CHILD DEPENDENT UPON YOU FOR SUPPORT? ☐ Yes ☐ No	11. IF "YES," WHAT PART OF SUPPORT DO YOU CONTRIBUTE?	12. IS CHILD LISTED AS A DEPENDENT IN YOUR LAST FEDERAL INCOME TAX STATEMENT? ☐ Yes ☐ No
13. NAME AND ADDRESS OF DEPENDENT CHILD'S PHYSICIAN		

I have read the foregoing statements and answers and declare them to be true and complete to the best of my knowledge and belief. To the extent permitted by statute, I hereby authorize any physician or other person who has attended my above named dependent child or who may hereafter attend or examine such child to disclose any knowledge or information thereby acquired by him or her. A photostat of this authorization shall be valid as the original.

SIGNATURE OF SUBSCRIBER _____ DATE _____

Return Form Directly To: Your Employee Benefit Administrator

TO BE COMPLETED BY ATTENDING PHYSICIAN

1. IS CHILD NOW INCAPABLE OF SELF-SUPPORT BECAUSE OF A DISABILITY? ☐ Yes ☐ No	2. HAS SUCH DISABILITY EXISTED CONTINUOUSLY SINCE BEFORE CHILD ATTAINED AGE 19? ☐ Yes ☐ No	3. PROGNOSIS (Estimate months or years)
4. NATURE OF DISABILITY (Please be specific)		

SIGNATURE OF PHYSICIAN _____ DATE _____