

Age 26 Coverage Expansion Opt-In Form

If you would like to expand coverage to age 26 for your plan's dependents between June 1, 2010 and the start of your next plan year, on or after September 23, 2010, please sign and return this opt-in form to Independent Health by **June 9, 2010**. If Independent Health receives your form between June 10 and June 30, you will have a bridge coverage effective date of July 1, 2010. Groups that return the form after June 30 will not be eligible for the bridge coverage.

Yes, I authorize Independent Health to expand coverage under my group's health insurance policy (for all groups listed below) for adult dependent children who are on the policy as of June 1, 2010, who have not yet turned age 26 and who will lose coverage under our plan between June 1, 2010 and the beginning of my group's next plan year, on or after September 23, 2010. If my group returns this form between June 10 and June 30, the bridge coverage will be applied to my plan on July 1, 2010. If I return this form after June 30, I will not be eligible for the bridge coverage.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Please return your completed opt-in form by either:

1. Faxing it to (716) 250-7179
2. Scanning and e-mailing it to age26@independenthealth.com
3. Mailing it to: Independent Health, Attn: Account Services, 511 Farber Lakes Drive, Buffalo, NY 14221