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**MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN (PLAN)
ATTESTATION OF DEPENDENT CHILD BETWEEN THE AGES OF 25
AND 26 YEARS WITH NO HEALTH CARE COVERAGE AVAILABLE
THROUGH HIS/HER EMPLOYER**

According to the Patient Protection Affordable Care Act (PPACA), the Plan is required to provide coverage to dependent children up to age 26 years, if the dependent child does not have access to health care coverage through his/her employer.

The Plan is requiring dependent children between the ages of 25 and 26 years to attest to the fact they do not have access or are eligible for health care coverage through his/her employer or is not a member of the armed forces of any country and eligible for military coverage.

Please attest to the following:

I am between the ages of 25 and 26 years and do not have access to health care coverage through my current employer. If I become eligible for health care coverage through my employer, I will cancel my enrollment in the Plan.

I am not a member of the armed forces of any country and am not eligible for military coverage. If I enroll in the military and become eligible for military health care coverage, I will cancel my enrollment in the Plan.

I hereby attest that my response to the applicable preceding statements is true, complete, and accurate.

By signing this Attestation, (1) you certify that you have read this Attestation and applied a valid, legal signature; and, (2) you agree to be governed by all of the terms of the attestation.

PRINT NAME _____

SIGNATURE _____

DATE SIGNED _____

DATE OF BIRTH _____

(Please reference the definition of a dependent in the Summary Plan Document, Section 1.16(b). The SPD can be located at www.modot.mo.gov/newsandinfo/benefits.htm)

Enrollment is not complete without an attestation form.

