


Kaneland Community Unit School District #302
Kaneland Business Office
47W326 Keslinger Road
Maple Park, Illinois 60151
Phone: 630-365-8288
Fax: 630-365-9428

To: Kaneland Employees

Fr: T. Runty 

Re: Dependent Coverage Changes

Date: June 9, 2009

As we had informed you in April, the State of Illinois is requiring health benefit plans to extend coverage to qualifying dependents up to the age of 26, and up to age 30 for dependent military veterans. This extension of coverage under Kaneland's Employee Benefit Program begins on July 1, 2009, and employees currently with dependent coverage will have 90 days from June 1, 2009, to enroll any additional eligible dependents in the program.

Non-military dependents are eligible if they are unmarried, under the age of 26, and are not eligible for health benefits from their employer. Military veteran dependents must also be unmarried, under the age of 30, and

- must have served in the active or reserve components of the U.S. Armed Forces, including the National Guard
- received a release or discharge other than a dishonorable discharge
- can submit proof in the form of a DD2-14 (Member 4 or 6) form from the Department of Defense.

New dependent enrollees may be subject to pre-existing condition limitations, and must have the same legal address as the parent(s).

A form is available on the Kaneland Website at www.kaneland.org/shared/hr/current.php. Under the Insurance section, open the .pdf file entitled "Law Change – Dependent Coverage." **Enter the information only for dependents you are adding under this program change**, and send the completed form to:

Kaneland CUSD #302
C/O Sue Phillips
47W326 Keslinger Road
Maple Park, IL 60151

Or to: Sue.Phillips@Kaneland.org

DEPENDENT CHILD ENROLLMENT FORM

For BlueCross Blue Shield of Illinois Health Insurance

EMPLOYER KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302

EMPLOYEE NAME _____ Phone # () _____

ADDRESS _____
Street City / State / Zip

SPOUSE'S NAME _____

<u>DEPENDENT'S NAME</u>	<u>SEX</u>	<u>DOB</u>	<u>RELATIONSHIP</u>	<u>SS#</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is any family member covered under any other group health plan for the following: (Please Check)

MEDICAL Yes No

DENTAL Yes No

If yes: Insured's Name _____ If yes: Insured's Name _____

Insurance Company _____ Insurance Company _____

Policy Number _____ Policy Number _____

Phone Number _____ Phone Number _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Please Check)

Are any of the dependent children listed above married? Yes No

Do the dependent children listed above maintain their legal address at your address? Yes No

Are any of the dependent children listed above employed full time? Yes No

If yes, is the dependent eligible for group health insurance through their employer? Yes No

I certify that all answers on this form are true and correct to the best of my knowledge.

Employee's Signature

Date

MAIL TO: KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302,
47W326 KESLINGER RD., MAPLE PARK, IL 60151