



EWHT Dependent Over Age 26 Verification Form

IMPORTANT:

1. Read the reverse side of this form for complete instructions.
2. Fill out, sign, and date the form.
3. Attach copies of required documents for any listed dependents.

EMPLOYEE INFORMATION

Last Name, First Name, MI		Social Security Number		Date of Birth	
Mailing Address		City	State	Zip Code	Is this a change of address?
Preferred Phone Number				Email Address	

DEPENDENT INFORMATION Child(ren) that have reached the age of 26 and are incapable of self-sustaining employment because of mental or physical disability and are dependent on Employee for support. 3= Natural Child/Stepchild/Adopted Child/Legal Guardianship of Child.

Last Name, First Name, MI	Date of Birth	Social Security Number	Relationship to Subscriber

I hereby certify that the above information is true, correct and complete to the best of my knowledge. I understand that if my dependent(s)' supporting documentation is not on file, this form will be returned to me and failure to provide supporting documents for my dependent(s) will result in denial of claims.

Participant Signature _____ Date _____
 (must be signed by Participating Employee to be valid)

Dependent Signature (if able to sign) _____ Date _____



PO Box 94392, Seattle, WA 98124-6692 | Phone (833) 389-0027
 EssentialWorker@RISEpartnership.com | EssentialWorkerHealth.org

Person-centered healthcare coverage for long-term care workers, by long-term care workers.



Instructions for EWHT Dependent Over Age 26 Verification Form

- Eligibility Criteria: Your adult child(ren), age 26 or older, is an eligible Dependent if the following requirements are met:
 - they are not married;
 - they are your biological child, stepchild, adopted child, foster child, or a person for whom you are the legally appointed guardian;
 - they are currently dependent upon you for support and continue to be claimed as a dependent on you or your spouse's (or former spouse's) tax return;
 - they are unable to engage in any self-sustaining employment by reason of a mental or physical disability; and
 - they were your eligible Dependent before reaching age 26.
- Documentation of your adult dependent child's dependency and disability, which includes this verification form, must be sent to the Trust within 31 days after the child has turned 26 years old.
- Please attach a copy of the following document to this verification form:
 - A note from the Adult's treating health provider reflecting that the Adult is not capable of self-sustaining employment due to a mental or physical disability. Note: **Please do not send original documents; a photocopy is sufficient. If the document is two-sided or has multiple pages, ensure you copy all pages and both sides of the paper.**
- Keep a copy of this verification form and all supporting documentation for your records.
- The Fund Office may periodically require submission of a new verification form or updated documents.
- Due to IRS reporting regulations, the Trust office **MUST** have your dependents' Social Security numbers on file.
- If you have questions regarding this process, please contact the Trust: **essentialworker@RISEpartnership.com** or (833) 389-0027.
- Return the form and all necessary documents to the Trust office in one of the following ways:
 1. Upload readable photos of the documents to your member portal at EssentialWorkerHealth.org.
 2. Email scanned documents or readable photos of documents to: **essentialworker@RISEpartnership.com**. Be sure to include "Essential Worker Adult Dependent Verification" in the subject line of your email.
 3. Mail the Trust office **P.O Box 94392, Seattle, WA 98124-6692**.