

CITY OF CLEARWATER
Affidavit of Disability for Over Age Dependent Child for Clearwater Employees
100 S Myrtle Ave
Clearwater, FL 33756
727-562-4870

Enrolled dependent children who normally lose their eligibility under this plan solely because of age, but who are disabled by reason of a physically or mentally disabling injury, illness, or condition may have their eligibility extended by written application within 31 days of the date the dependent child reaches the age eligibility would otherwise cease. To qualify, the disabled dependent child must be incapable of self sustaining employment and be chiefly dependent upon the employee for support and maintenance. This affidavit is required for the disabled dependent child to remain on the health plan.

Employee Name _____

Dependent Child's Name _____

I, the undersigned physician certify that _____ is incapable of self-sustaining employment because of _____

Prognosis _____

Estimated date of ability for self-sustaining employment _____

Physician Name _____ **Date** _____

Address

Type of Practice

I, the undersigned parent or guardian, certify that

_____, _____
Dependent Name _____ **Date** _____

is an unmarried child (including any stepchild, legally adopted child, or foster child), is chiefly dependent upon me for support and maintenance, and is incapable of self-sustaining employment by reason of physical or mental handicap.

Parent or Guardian _____ **Date** _____