

## **Requirements for Maintaining Health Insurance Coverage under the Affordable Care Act**

Your adult children between the ages of 19 and up to 26 who do not have access to their own employer group health insurance, may be eligible for hospital, medical and prescription coverage through the Motion Picture Industry (MPI) Active Health Plan, regardless of their marital status, residency or financial dependency.

Eligible adult children include:

- Any biological children between the ages of 19 and up to 26;
- Any legally adopted children or children placed with you for adoption between the ages of 19 and up to 26;
- Any stepchild, foster child or other child for whom you (the Participant) are the legal guardian and who is between the ages of 19 and up to 26; or
- Any child required to be recognized under a Qualified Medical Child Support Order who is between the ages of 19 and up to 26.

If your child meets one of these qualifications, please complete the Declaration on the reverse side of this notice and submit it, along with a copy of your child's birth certificate or adoption or custody documents, to MPI.

If your child is a full-time student between the ages of 19 and 23 they may be eligible for additional MPI-paid health benefits. You may enroll these dependents at any time by completing an MPI Student Certification form.

If you have any questions, please email MPI's Participant Services Center at [service@mpiphp.org](mailto:service@mpiphp.org). If you prefer, you may send a fax to (818) 766-1229 or call toll-free (855) ASK-4MPI (855-275-4674), from 8 a.m. to 5 p.m. PST, Monday through Friday.

**DEPENDENT DECLARATION  
AFFORDABLE CARE ACT**

**PARTICIPANT MUST COMPLETE AND AGREE TO THE FOLLOWING**

Participant Name: \_\_\_\_\_ SSN or ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City ST Zip: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Dependent SSN: \_\_\_\_\_ Dependent Birth Date: \_\_\_\_\_

I hereby certify that my child named above is:

1. Between the ages of 19 and up to, but not including, age 26; and
2. Does not have access to his/her own employer's group health insurance.

I understand that the Motion Picture Industry (MPI) Active Health Plan will rely on the information contained in this Declaration to make its determination regarding my child's eligibility to receive benefits.

I understand that I must notify the MPI Active Health Plan immediately if my child becomes eligible to participate in his/her own employer's group health plan. At that time, the MPI Active Health Plan will terminate my child's coverage.

I understand that the MPI Active Health Plan reserves the right to periodically conduct an audit to verify that my child does not have access to his/her own employer's group health insurance, and I agree to cooperate fully in any such audit.

If the MPI Active Health Plan provides benefits to which my child is not entitled, I will assume responsibility for any expenses paid out by MPI for the ineligible period(s). If I do not refund the amount that is requested, MPI may withhold any payment of claims otherwise due, including payment for medical visits, prescriptions costs and hospital, dental and vision care, and offset that against the amount I owe.

I hereby certify that the above statements are true and correct, and I acknowledge that it is fraudulent to knowingly fill out this form with any information that is false.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_