# Request for Continuation of Life Coverage for Incapacitated Children

## GuideStone Financial Resources

### PART I: EMPLOYER'S STATEMENT

Effective date of employee's coverage: _____/ _____/ _____

Effective date of employee's dependent coverage for this dependent: _____/ _____/ _____

Has coverage been continuously in effect up to the present date: For employee? ☐ No ☐ Yes If "No," explain:

______________________________________________________________________

______________________________________________________________________

For dependent? ☐ No ☐ Yes If "No," explain:

______________________________________________________________________

______________________________________________________________________

Has this child's coverage been continued beyond the limiting age by any previous insurer? ☐ No ☐ Yes If "Yes," please provide copy of your carrier's approval notice. Prior carrier's extension of benefits provision ended/ends (date): _____/ _____/ _____

Employer name (print): ______________________________________________

Employer address: ______________________________________________

Employer's authorized representative: ______________________________ Date: _____/ _____/ _____

Title: ______________________________ Telephone number: (________) ______________________

### PART II: EMPLOYEE'S STATEMENT

Employee last name (print): ______________________ First: ______________________ MI: _________

Employee Social Security number (last four digits): ______________________

Street address: ______________________________________________

City: ______________________________ State: ___________ ZIP Code: ______________________

Name of dependent child (print): ______________________________ Child's birth date: _____/ _____/ _____

Is child dependent upon you for support? ☐ No ☐ Yes If "Yes," what part of support do you contribute? ______________________

Has child been employed since reaching limiting age for dependents? ☐ No ☐ Yes (Limiting age of 26)

If "Yes," give name(s) and address(es) of employer(s), dates employed and earnings:

______________________________________________________________________

______________________________________________________________________

Summary of any institutional care:

| Name(s) of institution(s) | Dates | Nature of care |
|---|---|---|
| ______________________________ | _____/ _____/ _____ | ______________________ |
| ______________________________ | _____/ _____/ _____ | ______________________ |

Employee signature: ______________________________________________ Date: _____/ _____/ _____

GuideStone® Insurance Plans

## PART III: ATTENDING PHYSICIAN'S STATEMENT

**Any expenses associated with the completion of this section will be the responsibility of the applicant.**

Is child now incapable of self-sustaining employment because of mental or physical handicap? ☐ No ☐ Yes

Did such incapacity exist prior to child's attainment of age 26? ☐ No ☐ Yes

If "No," when did incapacity first exist? ____________________

May child be employable in future? ☐ No ☐ Yes ☐ Questionable

Nature and cause of incapacity. Please furnish complete diagnosis. You may attach a narrative relative to the diagnosis/prognosis:

____________________

____________________

Date of onset: _____/ _____/ _____ Date child was last examined: _____/ _____/ _____ Prognosis: ____________________

How condition restricts child's ability to engage in normal activities: ____________________

Physician name (print): ____________________ Degree: ____________________

Physician signature: ____________________ Date: _____/ _____/ _____

Street address: ____________________

City: ____________________ State: __________ ZIP Code: ____________________

**If an employee has a mentally or physically handicapped child who, under the terms of the plan, qualifies for the continuation of coverage after the plan's limiting age, this form should be completed and submitted to GuideStone by you or the employer within 31 days following the attainment of the limiting age.**

If you have any questions, call **1-888-98-GUIDE** (1-888-984-8433 ), to speak with a Customer Relations specialist.

**Return completed form to:** Insurance Operations
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

**Completed form may be faxed to:** 214-720-4676