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RE:

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CL #:

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Dear:

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Dental services have been reported for a dependent whose age exceeds your plan's maximum age for covered full-time students. This individual is covered by your plan only if he or she has a disability preventing self-support. If this is the case, please provide the following information for our records, so that we can continue processing the claim. Thank you.

Customer Support  
888-899-3734

### TO BE COMPLETED BY THE POLICYHOLDER

Policyholder Name: \_\_\_\_\_

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

Dependent's Name: \_\_\_\_\_

Dependent's Date of Birth: \_\_\_\_\_

Dependent's Relationship to Policyholder: \_\_\_\_\_

Policyholder is responsible for at least 50% of this Dependent's support?      YES      NO

### TO BE COMPLETED BY ATTENDING PHYSICIAN

Can this Dependent support himself/herself?      YES      NO

If no, is this because of a Disability?      YES      NO

Was the Dependent Disabled prior to their 19th birthday?      YES      NO

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Date Disability occurred:

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Prognosis (estimated length of Disability):

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Describe the nature of this Dependent's Disability:

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Signature of Physician:

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Date:

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Sincerely,

Delta Dental