



### DISABLED DEPENDENT QUESTIONNAIRE

Please provide the following information in addition to the Continuation of Coverage Application.

#### MEMBER INFORMATION

First Application to Health Net?: Yes \_\_\_\_\_ No \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Health Net Member ID# \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ Health Net Member ID# \_\_\_\_\_

Diagnosis (Name of Condition): \_\_\_\_\_

Current Age: \_\_\_\_\_

Age at Onset: \_\_\_\_\_

IQ (if applicable) \_\_\_\_\_

Has any other health plan assigned disabled dependent status to your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", name of plan and date \_\_\_\_\_

#### EDUCATION

Highest Grade Level at which dependent took courses:

- Not beyond Middle School (grade) \_\_\_\_\_
- Senior in High School or beyond (grade) \_\_\_\_\_

#### LIVING CIRCUMSTANCES

Does dependent spend any nights away from home? Yes \_\_\_\_\_ No \_\_\_\_\_

- Lives at home
- Greater than 25% on own away from home
- Institution (name) \_\_\_\_\_

#### EVALUATIONS

Has dependent had a vocational/educational evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", date of evaluation and general results? \_\_\_\_\_

- Too profound, couldn't test
- Will send evaluation
- Disagree with results

#### WORK EXPERIENCE

Yes \_\_\_\_\_ No \_\_\_\_\_

- In Special Program
- Various Short Term positions

Is dependent eligible for health coverage at work? Yes \_\_\_\_\_ No \_\_\_\_\_



Health Net of the Northeast, Inc.  
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**In New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**In New Jersey and Connecticut:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Subscriber's Signature \_\_\_\_\_

**PLEASE RETURN APPLICATION & QUESTIONNAIRE TO:  
HEALTH NET**

Attn: Membership Review [CT-900-02-52]  
One Far Mill Crossing  
PO Box 904  
Shelton, CT 06484  
Fax#: (203) 225-3460