

# Continue Coverage for Disabled Adult Child



**King County**

Benefits and Retirement Operations

Complete Section 1 and have your child's physician complete Section 2. Submit this form before child turns 26 years old (preferably six months before, but **no later than 31 days after**) to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle 98104-2333, or fax it to 206-296-7700. Questions? Call 206-684-1556 or e-mail [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov).

## Section 1: Employee Statement

Employee name \_\_\_\_\_ PeopleSoft Employee ID \_\_\_\_\_  Paid 5<sup>th</sup> and 20<sup>th</sup> ea month  
 Paid every other Thursday

Mailing address \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Disabled adult child name \_\_\_\_\_ Birth date \_\_\_\_\_

Child marital status  Single  Married  Divorced  Widowed Circle highest grade completed High School 9 10 11 12 College 13 14 15 16 IQ test results \_\_\_\_\_

Vocational training?  No  Yes If yes, school and courses \_\_\_\_\_

Current student?  No  Yes If yes, school and location \_\_\_\_\_

Child depends on you for support?  No  Yes If yes, proportion of support provided \_\_\_\_\_%

Child employed since turned 23?  No  Yes If yes, employer names, addresses and dates of employment \_\_\_\_\_

Child been institutionalized?  No  Yes If yes, institutions, nature of care and dates of institutionalization \_\_\_\_\_

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_

## Section 2: Physician Statement

Physician name \_\_\_\_\_ Degree/specialty \_\_\_\_\_

Mailing address \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Nature of child's disability? \_\_\_\_\_

When disability began? \_\_\_\_\_

How disability being treated? \_\_\_\_\_

Prognosis for recovery? \_\_\_\_\_

Intelligence of child tested?  No  Yes If yes, name of test and result \_\_\_\_\_ Child capable of self-sustaining employment?  No  Yes

Child employable in the future?  No  Yes Comments \_\_\_\_\_

Physician signature \_\_\_\_\_ Date signed \_\_\_\_\_

<b>Office use only</b>	Date received	Processed by	Audited by	Date effective
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