

See Instructions on Reverse Side

Section I. Employee/Retiree Identification

Employee/Retiree Name (Last, First, MI)	Gender M F	Employee #	Social Security #	Agency	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Employee/Retiree Street Address	City		State	ZIP	
Qualified Child Name (Last, First, MI)	Date of Birth	Gender M F	Social Security #		
Qualified Child Street Address	City		State	ZIP	

Section II. Supporting Documentation

Please Check applicable boxes, and attach supporting documents

- | | | |
|---|----|---|
| <input type="checkbox"/> Birth Certificate | OR | <input type="checkbox"/> Other Proof of Age and Relationship |
| <input type="checkbox"/> Proof of Connecticut Residency | OR | <input type="checkbox"/> Proof of Full-Time Student Status at an Out-of-State Institution of Higher Education |
| <input type="checkbox"/> Copy - Most recent IRS Form 1040 | | |

Section III. Affidavit

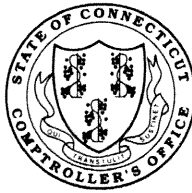
I request to enroll the child listed above in my medical plan. Under the penalty of perjury, I hereby certify that:

- The child is unmarried, and is a resident of Connecticut unless he or she is a student at an out of state educational institution.
- The child is not enrolled in health insurance as a result of his or her employment.
- The child is my Dependent as defined by the Internal Revenue Code.
- I acknowledge that any additional Subscriber-share premium will be withheld from my check.
- I agree to notify my employing agency within thirty (30) days of any change in the child's eligibility for coverage.
- I understand that I may not change this election until the annual Open Enrollment period, or as a result of a qualifying event such as a relevant change in family or work status.

_____ Employee/Retiree Signature	_____ Date	Subscribed and Sworn to before me this ____ day of _____, 20__
_____ Qualified Child Signature	_____ Date	
		Notary Public / Commissioner of the Superior Court

For Use Only by the Employing State Agency/State Comptroller

Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date
Authorized Signature	Print/Type Name	Title



STATE OF CONNECTICUT
RETIREMENT & BENEFIT SERVICES DIVISION
OFFICE OF THE STATE COMPTROLLER

Instructions for CO-1048QR

This Form is for use by a State of Connecticut Employee or Retiree (Subscriber) who wishes to enroll a child who is age 19 or over, and is a Dependent of the Subscriber as defined by the Internal Revenue Code §152, and is an eligible child under Public Act 08-147. A separate Form must be filed for each Qualified Child.

Subscriber Procedure

1. Employees

- a. Request the CORE-CT Enrollment Statement from your employing agency, and complete all information to enroll the child.
- b. If adding a new child to your medical plan will change your Option (Coverage Class), refer to the Employee section of the *State Employee Health Plan Qualified Child Payroll Information* to determine the amount of the any additional Bi-Weekly payroll deduction.
- c. All questions regarding payroll deductions must be directed to your agency benefits office.

2. Retirees

- a. Contact the Comptroller's Retirement Health Insurance Unit and request the Retirement Health Insurance Enrollment Application CO-1048-R.
 - b. If adding a new child to your medical plan will change your Option (Coverage Class), refer to the Retiree section of the *State Health Plan Qualified Child Payroll Information* to determine the amount of any additional Monthly deduction from your pension check.
 - c. All questions regarding deductions and taxable income must be directed to the Comptroller's Retirement Health Insurance Unit at (860) 702-3533.
3. The Subscriber and Child must sign the Application in the presence of a Notary, who must sign the Affidavit and affix his/her Seal.
 4. Complete all information on the Application
 5. Submit the following to the Subscriber's employing agency or the Comptroller's Retirement Health Insurance Unit as applicable:
 - a. Original Signed and Notarized Application
 - b. Non-Qualified Child's Birth Certificate or other Proof of Age and Relationship
 - c. Proof of Connecticut Residency. If the child does not reside in Connecticut, proof of current enrollment in an out-of-state institution of higher education is required.
 - d. Attach a copy of your most current IRS Form 1040 that includes the Name and SSN of the child you are enrolling

Agency Procedure

1. Date-stamp the CO-1048QR upon receipt from the Subscriber.
2. If all documentation is complete, enroll the child using normal CORE-CT benefit procedures, and provide a Confirmation Statement to the employee.
3. If the Affidavit and/or supporting documentation is not complete, contact the employee to correct the information. Agency staff may contact the Central Benefits Unit if there are any questions as to the acceptability of documentation.
4. Place a copy of the Enrollment Statement and CO-1048QR in the employee's personnel folder.

Please refer to Comptroller's Memorandum 2008-35 Revised for further information.