

**IDAHO INDIVIDUAL  
PARENT/GUARDIAN  
CONSENT FORM**



Individual Sales  
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**Complete this form only if applicant is under the age of 18 and will be the only insured.**

Notice is hereby given that \_\_\_\_\_, Social Security No. \_\_\_\_\_, who is under the age of 18, is making application for PacificSource Health Plans individual healthcare coverage with my knowledge and consent. I request you consider the child for such healthcare coverage. I accept full responsibility for the payment of the monthly premium and the contents of the attached application.

_____ Parent or Guardian Name (please print)	_____ Relationship to Dependent (_____)_____
_____ Address	_____ Phone Number
_____ City, State and Zip Code	
_____ Parent or Guardian Signature	_____ Date

**ACKNOWLEDGEMENT**

By signing the attached Idaho Individual Insurance Application, I understand and agree to the terms and conditions set forth on this Parent/Guardian Consent Form as well as the terms and conditions set forth on the attached application.

**OFFER OF ALTERNATIVE COVERAGE**

If individual coverage is declined, PacificSource Health Plans must offer High Risk Basic, Standard, Catastrophic A or B Plans, and Health Savings Account High Risk Plans.

**DEFINITION OF DEPENDENT**

Dependent means spouse or an unmarried child under the age of 25 and who receives more than one half of his or her financial support from the parent, and an unmarried child of any age who is medically certified as disabled and dependent upon the parent.

**MEDICARE**

If you or any listed dependents have Medicare, please list the family member's name and the Medicare Health Insurance claim (HIC) number shown on his or her red, white and blue Medicare card: \_\_\_\_\_

**INDIVIDUAL FEDERAL ELIGIBILITY INFORMATION**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), guaranteed availability of individual coverage means that you are HIPAA eligible, you cannot be denied the right to buy individual coverage. You are HIPAA eligible, also called an "eligible individual," if **ALL** of the following are true at the time you apply for individual coverage:

- You have at least 12 months of continuous creditable coverage without any break in coverage greater than 63 days,
- Your most recent coverage was under a group health plan, a governmental plan or a church plan (or health insurance offered in connection with such a plan),
- You are not covered under another group health plan,
- Your most recent coverage was not cancelled because you did not pay your premiums or because you committed fraud, and
- You are not currently eligible for Medicare or Medicaid.

If you are HIPAA eligible, you will lose your right to get individual coverage without an exclusion unless you submit an application for individual coverage within 63 days after the day your group health coverage or continuation coverage ends.