

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

NOTIFICATION TO INSURER OF PLACEMENT ON ACTIVE DUTY

An amendment to 51 Pa.C.S. § 7309, effective 21 February 2006, provides for extension of health insurance coverage in certain circumstances. To qualify for this extension you must:

- Be a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States
- Be ordered to active federal duty or state active duty (other than active duty for training) for 30 or more consecutive days
- Be a full-time student (15 or more credit hours or equivalent) at an approved institution of higher learning.
- Be eligible for coverage under your parents' health insurance program at the time you are ordered to active duty.
- Become ineligible because of your age for coverage under your parents' health insurance program after you become a full-time student at any time after your active duty tour.
- Re-enroll as a full-time student for the first term or semester beginning 60 or more days after your release from active duty.

If you meet these eligibility criteria, you may qualify to extend your coverage under your parents' health insurance program while you are a full-time student for a period equal to your active duty tour. To qualify you must submit three forms to your parents' insurer:

- Notification to Insurer of Placement of Active Duty (DMVA Form 83-1; **this form**)
- Notification to Insurer of Completion of Active Duty (DMVA Form 83-2)
- Notification to Insurer of Re-Enrollment as Full-Time Student (DMVA Form 83-3)

Please complete this form and submit it to the provider of your family's health insurance coverage under which you are or have been covered:

Name of Military Member: _____ Phone Number:(____) _____

Address of Military Member _____

Birth Date of Military Member: _____ Age of Military Member: _____

Unit of Assignment of Military Member: _____

Start Date of Active Duty: _____ Anticipated End Date of Active Duty: _____

Name of Policy Holder (Parent): _____ Phone Number: (____) _____

Address of Policy Holder (Parent): _____

Name and Address of Insurer:
(Provider of Health Care Coverage) _____

Insurer Policy or Group Number: _____

I hereby notify the health care insurance provider of my parent that I am an eligible member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States and that I have been placed on federal active duty or state active duty for a period of 30 or more consecutive days.

Date

Signature

Attach a copy of your military orders and mail to the insurance company providing health care insurance coverage to your parent(s).