



Public Employees' Benefits Program
3427 Goni Road, Suite 109, Carson City, NV 89706
<https://pebp.nv.gov>
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Phone: 774-684-7000 | 702-486-3100 | 1-800-326-5496

Continuing Coverage for Dependent(s) Under Legal Permanent Guardianship After Age 18 (Aged 19—25) Form

An individual previously covered under an order of legal permanent guardianship may continue coverage to the age of 26 under certain conditions. Children under a temporary guardianship are not eligible for coverage as a dependent under the PEBP Plan.

To continue guardianship coverage after age 18 (to age 26), your dependent must:

1. Bear a relationship with you, your spouse or domestic partner that is like a parent-child relationship (e.g., dependent is a grandchild, brother, sister, stepbrother, stepsister, or descendent of such relative);
2. Be unmarried;
3. Have not attained the age of 26;
4. Either reside with you or be enrolled in a program of secondary education or a program of postsecondary education, including without limitation, a college, university, community or junior college, graduate school or accredited trade or business school, on a full-time basis; and
5. Be claimed as a dependent on your or your spouse's/domestic partner's federal income tax return in the preceding calendar year.

To determine if your dependent meets the criteria for continuing coverage after age 18 complete the information on the reverse side of this page and provide the required documentation to the PEBP office at, [Contact PEBP \(nv.gov\)](#) > Submit Supporting Documents.

Complete a separate certification form for each dependent between the ages of 19 and 25.

Participant's Name:	Participant's Social Security No.:
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Dependent's Name:	Dependent's Date of Birth:	Dependent's Social Security No.:
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<p>1. Yes___ No___ My dependent is a grandchild, brother, sister, stepbrother, stepsister, or a descendent of such relative.</p> <p>2. Yes___ No___ My dependent is unmarried.</p> <p>3. Yes___ No___ My dependent lived in my principal residence for more than one-half of the most recent calendar year.</p> <p><i>If you answered yes, submit a copy of the dependent's driver's license or state issued identification card for address verification.</i></p> <p>4. Yes___ No___ My dependent is a full-time student.</p> <p><i>If you answered yes, submit a certification of full-time student status from accredited college, trade or business school.</i></p> <p>5. Yes___ No___ My dependent is eligible to be claimed as a dependent on my, or my spouse's/domestic partner's federal income tax for the preceding calendar year.</p>

If you answered no to questions 1, 2, or 5, then your dependent is not eligible to continue PEBP coverage after age 18 under legal permanent guardianship. Additionally, you must answer yes to either question 3 or 4 for eligibility for coverage. If eligible to be covered until age 26, coverage will terminate on the last day of the month the dependent reaches age 26.

By signing below, you declare under penalty of perjury under the laws of the State of Nevada that the information provided above is true and correct.

Participant Signature _____ Date _____