

Cambridge Public Employees Dental and Vision Fund

125 CambridgePark Drive, Suite 104 • Cambridge, MA 02140
617-354-1110 • Fax 617-354-3315 • www.cdvfund.org

Employee Trustees

Peter Mili, Chair
Mary Ellen Campbell
Dennis O'Connor
Leonard Silva
Robert Travers, Jr.

Employer Trustees

Jill Herold, Treasurer
Ray Clark
Christina Giacobbe
Sheila Keady-Rawson
Michele Kincaid

AGE 26 DEPENDENT ELIGIBILITY NOTICE

July 1, 2021

Dear Member:

The Cambridge Public Employees Dental and Vision Fund is pleased to announce an improvement to our policy to extend coverage to dependent children until age 26 on their parent's dental and vision coverage effective July 1, 2021. Previously, dependent children ages 19 through 25 had to be full-time students to qualify for coverage.

Under the new policy, dependent children whose coverage ended, or who were denied coverage because the availability of dependent coverage for children ended before attainment of age 26, are eligible to enroll back on the members coverage. **To enroll any qualifying dependent children, you must complete and return the Dependent Children Enrollment Application (age 19 - under 26), also on our website www.cdvfund.org.**

Additional Details Regarding Dependent Coverage Policy:

- For any dependent children to be eligible under the new policy they *must be unmarried and financially dependent on their parents; and claimed as a dependent on their parents' federal tax returns.*
- For any dependent children that were due to age off in June 2021 - coverage will continue – uninterrupted –upon completion of the Dependent Children Enrollment Application – coverage ends when dependent turns 26 – on a child's 26th birthday.
- For any dependent children under the age of 26 that is currently on COBRA due to no longer being a full-time student – will be eligible to enroll back onto their covered parent's coverage effective July 1, 2021 – coverage ends on a child's 26th birthday.
- Coverage may extend beyond the age of 26 only if your child is **totally disabled and incapable of self-sustaining employment by reason of mental or physical handicap and is dependent upon your support; and is claimed on your federal tax returns.** A disabled dependent application form must be completed and filled-out by a physician. Forms can be obtained from our website or by calling the Fund Office.

If you have any questions concerning your benefits, please do not hesitate to contact the Fund Office at 617-354-1110 or by email at info@cdvfund.org.

Thank you.

Sincerely,

Cambridge Public Employees
Dental & Vision Fund