

(INSERT) SCHOOL DISTRICT NAME

DEPENDENT STUDENT CERTIFICATION

Please provide the following information concerning your dependent age 19 years or older:

ENROLLEE INFORMATION TO BE COMPLETED BY ENROLLEE

Name of employer:
Enrollee's name:
Enrollee's ID number:
Child's name:
Child's birthdate:
Is Child married? _____ Yes _____ No
Is Child financially dependent upon the parent for at least 50% of his/her support? ___ Yes ___ No Will Child be claimed as a dependent on the parent's tax return for the current calendar year? (proof may be required) _____ Yes _____ No
Is Dependent covered under any other group insurance? _____ Yes _____ No If yes, name of carrier _____

I hereby certify that the above information is true and complete. I understand that filing a statement to defraud is a criminal act.

Employee's/Retiree's signature

Date

The following information is to be completed by the Registrar's Office at the college your dependent is attending. Failure to have this form completed may result in coverage termination for your dependent.

SCHOOL INFORMATION TO BE COMPLETED BY SCHOOL REGISTRAR

Name, address and phone number of school dependent is enrolled in:
Is dependent enrolled and attending classes as a full-time student? If no, explain: Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Current school enrollment period: From ___/___/___ To ___/___/___
B. Graduation date (expected): _____

Registrar's Stamp

Registrar's name and phone number

Date

Please return this form to your District Benefits Representative in the business or personnel office
NO LATER THAN FEBRUARY 15th

It is the member's responsibility to notify the District Benefits Representative in the business or personnel office when a dependent child is no longer a full-time student. This includes when a student graduates. Failure to notify the District Benefits Representative may result in the forfeiture of the child's option for continuation coverage (COBRA) and return of premiums and claims paid. Please refer to your Plan Document for information about COBRA.