

**EMPLOYEE INSURANCE PROGRAM
STUDENT CERTIFICATION**

Group Name:	Date:
Group #:	Dependent's Name:
Subscriber's name:	Dependent's SSN:
Subscriber's SSN:	Dependent's DOB:

The dependent listed above is turning age 19 and must be certified as an eligible dependent. Eligibility for group coverage ends at age 19, unless the dependent is attending a high school or higher education institution full-time, as defined by the institution (usually 12 credit hours) or is approved as an incapacitated dependent. Summer school is not considered a grading period. Student eligibility ends at age 25.

Please complete and return this form with any applicable documentation to your benefits office.

- Student Certification:**
My dependent meets the eligibility as a full-time student and should remain covered under my benefit. Attached is a letter from the Registrar's or Administration Office, stating my child is attending school full-time.
- Incapacitation:**
My child is incapable of self-sustaining employment because of mental illness, retardation or physical disability, principally depends on me for support and maintenance and should remain covered as my dependent. Attached is the Incapacitated Child Certification Form.
- Pending Student Certification:**
My dependent's 19th birthday is during the summer. My dependent will attend _____ (name of the institution) full-time in the fall. I will submit documentation from the school, verifying student status, prior to October 1. I understand that failure to submit verification from the school will result in termination of my dependent's coverage and I will be liable for any benefits paid on behalf of my dependent.
- Dependent Not Eligible:**
If your child is no longer an eligible dependent, you must submit a Notice of Election form to drop coverage on this dependent. Please contact your benefits office or EIP to correct your membership file and for information on COBRA insurance for your dependent.

I understand it is my responsibility to notify my benefits office or EIP within 31 days of a change in my dependent's status as a full-time student or if he/she is no longer an eligible dependent (he/she marries or gains employment with benefits). I understand that certification of a student may be required at the time claims are submitted or at the request of EIP. If selected for review, documentation from the school verifying student status must be submitted to EIP. If, at the time of the review, my child is no longer an eligible dependent or I fail to respond to the review, my dependent's coverage will be terminated. EIP may require repayment of any benefits paid on behalf of an ineligible dependent.

Subscriber's Signature: _____ Date: _____

Benefits Administrator's Signature: _____ Date: _____