

## STUDENT VERIFICATION FORM

Your dependent child is eligible for coverage under the The City of Maumee Welfare Benefit Plan up to the age of 19 years. However, a dependent child will continue to be covered after age 19, provided he/she is a full-time student at an accredited school, primarily dependent upon the covered Employee for support and maintenance, is unmarried and under the age of 23.

Your dependent child has reached the age limitation requiring verification that he/she is registered as a full-time student and attending an accredited college. Full-time student coverage continues only between semesters/quarters if the student is enrolled as a full-time student in the next regular semester/quarter.

I understand that I may be asked to provide additional full-time student verification at any time. If the health plan determines that my dependent listed below does not meet the definition of a full-time student, my dependent will not be eligible for coverage and I may be liable for any services or costs incurred by my dependent retroactive to the date he/she became ineligible for coverage.

Failure to provide this documentation may result in suspension of your dependent's coverage. Completed form should be submitted to Jill Sulewski, Finance Department.

**Employee to complete the following:**

|   |  |   |  |
|---|--|---|--|
| Employee Name:  |  | Employee Social Security Number:  |  |
| Home Phone:   |  | Work Phone:   |  |
| Dependents Name:  |  | Location:   |  |
| Dependent's Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Dependent's Date of Birth:  |  |
| Dependent's Social Security Number:   |  | Relationship to Employee:   |  |
| School Name:  |  | School Address:   |  |
| Beginning and Ending Date of Current Quarter/Semester:  |  | to:   |  |
| Which Quarter/Semester does this certification apply?<br><input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year: _____ |  | Is this institution accredited?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| What is the student status as determined by the institution:<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time   |  | Number of Credit Hours:   |  |
| <b>SUMMER SESSIONS</b>  |  |   |  |
| Is Student currently enrolled for a summer session?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |  |
| If Yes, did student attend Spring Quarter/Semester preceding break?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |  |
| Is student enrolled for the Fall Quarter/Semester?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |  |
| Dependent has graduated and is no longer eligible.    Graduation Date: _____  |  |   |  |
| Dependent is not returning to school.    Last date student was enrolled full-time: _____  |  |   |  |

I understand it is my responsibility to notify City of Maumee when my dependent is no longer a full-time student.

If your dependent has become ineligible for coverage he/she may be eligible for continued coverage through the Consolidated Omnibus Reconciliation Act of 1985 (COBRA). Under COBRA, your dependent may keep the same coverage in which he/she is currently enrolled for up to 36 months by electing to pay the monthly premium. Contact your Human Resource Department.

**By signing this form, I attest that all information is complete and accurate. Any person who knowingly and with intent to defraud, or conceal information concerning any fact material, commits a fraudulent insurance act, which is a crime, and may be subject to penalty and retroactive termination of coverage and/or employment.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date: