



STUDENT DEPENDENT CERTIFICATION

Group #: \_\_\_\_\_ Employer Group Name: \_\_\_\_\_  
ID#: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Please answer the questions below based on this dependent's status as of the date shown above.

- Student's birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Is the student: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_
- Was the student covered under parents present health care plan immediately prior to reaching age 19? Yes \_\_\_\_\_ No \_\_\_\_\_
- Was the student covered under any other employer group insurance prepayment program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of other insurance company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Name and address of school in which student is enrolled:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_
- Type of school (Example: College \_\_\_\_\_ Trade \_\_\_\_\_ Other \_\_\_\_\_)
- Is student considered: Full Time \_\_\_\_\_ Part time \_\_\_\_\_?
- Course of study: \_\_\_\_\_
- What are the dates of school semester?  
Present: Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_ Year \_\_\_\_\_  
Prior: Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_  
Year \_\_\_\_\_
- What is expected date of graduation? Month \_\_\_\_\_ Year \_\_\_\_\_  
Present: Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_ Year \_\_\_\_\_  
Prior: Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_  
Year \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I HAVE SIGNED AN AUTHORIZED FORM FOR RELEASE OF ANY INFORMATION REQUESTED WITH RESPECT TO THIS CERTIFICATION.

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

\_\_\_\_\_  
Date