



Dependent Student Status Certification Form for Dental/Vision

TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Employee's Legal Name: _____ EMPL ID or SOUID: _____
Student's Legal Name: _____ Student's Date of Birth: _____

DEFINITION OF DEPENDENT STUDENT: A dependent student is a person who meets all the following conditions: He/She is between 19 and 25 years of age, unmarried, resides in Ohio, not employed by an employer that offers coverage and the dependent is eligible, and not eligible for Medicaid or Medicare. See below for dependents between the ages of 19 and 26 residing outside of Ohio.

For a dependent residing outside of Ohio, he/she must be a full-time student attending an accredited school or institution. In order for a school or institution to be considered accredited, it must:

- Be an Ohio independent proprietary school or college recognized by the U.S. Department of Education or be accredited by a Regional Institutional Accrediting Agency; AND,
Provide academic college credit where the coursework taken is part of a degree program offered by the school or college that meets the criteria mentioned above; OR,
The school is shown as accredited in the Database of Accredited Postsecondary Institutions and Programs located on the U.S. Department of Education's website at: ope.ed.gov

The credits must be in a college degree program, or transferrable as a part of a program approved as part of a career college or trade program*. The dependent must be working towards a formal degree such as a Bachelor of Arts (BA), Bachelor of Science (BS), Master of Arts (MA), Master of Science (MS), Associates Arts Degree (AA, AS), etc.

I have attached:

- A letter from the registrar with dependent's name, school name, school phone number and statement of dependent's current term enrollment; OR,
An official transcript with dependent's name, school name and semesters/quarters enrolled that include the current term; OR,
A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term. (https://www.studentclearinghouse.org/)

NOTE: If the birthday occurs during a standard school break, (e.g., summer), the attached document of choice must show enrollment in the previous term.

- I certify that my dependent student listed above meets all of the following requirements for eligibility as a dependent student: between the ages of 19 and 25 AND is unmarried, resides in Ohio, not employed by an employer that offers coverage and the dependent is eligible, and not eligible for Medicaid or Medicare, AND if residing outside of Ohio, is a student enrolled in high school or an accredited post-secondary school or institution.
I understand that knowingly providing false or misleading information in this form may result in any or all of the following actions by the State of Ohio: 1) loss of coverage; 2) disciplinary action, up to and including removal; 3) collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible dependents; and/or 4) civil and/or criminal prosecution.
I also understand that I may be required to supply copies of documentation such as certified birth certificate(s), front/last page of income tax returns and other related documentation.
I understand it is my responsibility to notify my employer when an enrolled dependent is no longer eligible for coverage due to age or school enrollment.

Signature _____

Date _____