



# Dependent Student Status Certification Form

**TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)**

Employee's Legal Name: \_\_\_\_\_ SOUID: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ 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 22 years of age, unmarried, and is enrolled in high school or an accredited post-secondary school or institution.

For a student to be eligible for dental/vision coverage, the student must attend 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](http://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.

\* Technical courses for a short duration or certificate program do not meet this requirement.

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 22 **AND** is unmarried **AND** 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 \_\_\_\_\_