

Department of Community Health
State Health Benefit Plan
Dependent Student Status Information
(For Dependent Students Age 19 through 25 only)

Return Form to:
Eligibility Section
Health Benefit Services
P. O. Box 38342
Atlanta, GA 30334-0342

I. Employee/Member Information	
Social Security Number	
Last Name	First
Initial	
Apartment/Box/Route	
Street Address	
City, State	Zip Code (5-digit + 4-digit)
County of Residence	Daytime Telephone Number

II. Dependent Student Information				
Student's Social Security Number				
Last Name		First		Initial
Sex	Date of Birth			Marital Status
<input type="checkbox"/> Male	Month	Day	Year	<input type="checkbox"/> Single
<input type="checkbox"/> Female				<input type="checkbox"/> Married
				<input type="checkbox"/> Divorced
Expected Graduation Date				
What is the anticipated (or actual) date of graduation for the current program or plan of instruction?			Month	Day
Is it the student's intention that he/she will attend an accredited school full-time next quarter/semester? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the dependent employed full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, is health benefit coverage provided through the employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

IMPORTANT: Both Sections I and II must be completed and Section III must be signed and dated before student coverage can be extended.

Conditions and Instructions (Read Before Completing This Form)

Requirements for student coverage. The dependent student must be:

- (1) age nineteen (19) through twenty-five (25);
- (2) in regular full-time attendance at an accredited school (the number of hours required for full-time status is defined by the individual school);
- (3) not employed in a benefits eligible position; and,
- (4) never married and otherwise eligible for dependent coverage.

Required Documentation. Dependent student status must be documented by a **Certification Letter** which includes:

- (1) the date(s) of enrollment for both current and previous quarters/semesters;
- (2) the number of credit hours taken each period;
- (3) the enrollment status for each period; and,
- (4) the expected date of graduation.

Note: Letters of acceptance, student ID cards, class schedules, and billing/payment invoices/receipts are not valid certification to prove final registration letters. Proof of Pre-registration/acceptance letter can be submitted to extend coverage for (1) month until final Certification Letter is received.

Termination of student coverage. Coverage for a dependent student ends/terminates:

- (1) at the end of the month in which the student completes academic requirements for graduation; or,
- (2) upon ceasing attendance unless the student has attended the previous three consecutive quarters (or two semesters) and intends to return following an absence of one quarter (or one semester); or,
- (3) if students status information is not received by coverage expiration date.

Instructions. Please review and complete the information requested above. Read the Certification Statement below, then sign and date this form. Staple the **Certification Letter** from the Registrar's office to the form and return the form to the address shown above. Prompt updates will prevent a delay in claim processing or verification of coverage. If the dependent does not remain a full-time student, the member must notify the SHBP Eligibility Section (at 404-656-6322 or 1-800-610-1863) immediately.

III. Certification/Attestation by Employee/Member

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one and no more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

X _____
Signature of Employee/Member

_____ Date: