



North East Independent School District

STUDENT DEPENDENT CERTIFICATION

Health _____

Monthly

Dental

Biweekly

A student dependent is a child under age 25 who meets the dependency requirements of the Internal Revenue Code of the United States and who is attending an accredited educational institution as a full-time student (enrolled for 12 or more college credit hours per semester or as defined by the institution). Please provide the following information concerning the member of your family who is eligible to continue coverage as a student dependent. To continue coverage beyond the maximum age limit specified in our contract(s) for dependents, this form must be received within 31 days of the affected dependent becoming eligible for coverage as a "student dependent."

- Employee Social Security Number _____
- Employee Name _____
- Dependent's Name _____ Dependent's Date of Birth _____
- Dependent's Sex _____ Relationship to Employee _____

Note: If dependent is other than a natural child of the employee, complete the reverse side of this form.

5. Is dependent: Single Married Divorced Separated

6. Is dependent covered under any other employer group insurance or prepayment program?

___ Yes ___ No

If **yes**, please provide the following:

Name of Other Insurance Company _____

Name of Policyholder _____

Policy Number _____ Effective Date ___/___/___

7. Name of school in which dependent is enrolled* _____

8. Address of school _____

9. Type of school (high school, college, trade, etc.) _____

10. Is student considered a full-time student according to requirements of the institution attended? ___ Yes ___ No

11. On what date did the dependent become a full-time student? ___/___/___

12. Course of study _____

I hereby certify that the above information is correct and I authorize the release of any information requested with respect to this certification. I also certify that the dependent child named is a full-time student in an accredited institution. I also understand that if the dependent child listed above ceases to be eligible as a student, I must notify my employer who will notify the District's health care and/or dental provider to cancel coverage on the dependent child.

Employee Signature

Date

***Please enclose an official copy of a current class schedule.**

Documentation must include dependent's name, current semester, and number of hours enrolled.



North East Independent School District

STATEMENT OF DEPENDENCY

Employee's SSN: _____ Health _____ Dental

This statement is for the purpose of determining dependent eligibility for insurance coverage under my membership, and I request to add the child(ren) listed below to my coverage:

Name of Dependent	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest and on my oath state that the above named child(ren) is my adopted child(ren) or dependent(s) who meets the following dependent eligibility criteria, based on the relationship listed:

- Grandchild(ren) - is a child of the employee's child and is eligible to be claimed by the employee as dependent for Federal Income Tax purposes.
- Stepchild(ren) - resides in the employee's household and is eligible to be claimed by the employee as dependent for Federal Income Tax purposes.
- Other Child(ren) - For those other than natural, adopted, stepchild(ren) or child(ren) of the employee's child(ren), the employee is the legal guardian of the child(ren) or they are related by blood or marriage, and the child(ren)'s primary residence is the employee's address, and IRS support guidelines are met.

The above dependent(s) met dependency requirements as of _____
Date

If any dependent child listed above exceeds the age limit stated in your employer's contract and is a student, also complete the form on the reverse side.

Signature of Employee _____

The State of Texas, County of _____

Sworn to and Subscribed Before Me by the said _____

Name of Employee

this the _____ day of _____ 20__ .

Signature of Notary Public
in and for the State of Texas

Printed Name of Notary Public