Student Certification Status Procedure For The East End Health Plan

The East End Health Plan (EEHP) student Status certification procedure requires you to provide documentation of your dependent's student status for each semester. As the Plan subscriber, you are required to provide proof of full-time status for your qualified dependent(s) in order for health care coverage to continue.

Please complete the *Student Status Certification* form **per semester** to ensure coverage of your dependent(s) who is, or will be, nineteen years of age or older during the upcoming school year and is a full-time student. Full-time student status is defined as enrollment in at least 12 credits per semester at an accredited college or university.

The form must be completed by your dependent's accredited institution of learning incorporating the official school seal, and returned to the Health plan Coordinator of your school district.

Failure to complete and return this form will result in termination of coverage for this dependent. The termination date will be retroactive to the date on which the dependent became ineligible, no longer meeting the EEHP student status certification requirements. The dependent will be fully responsible for the cost of services rendered after the termination date.

If you have any questions regarding student status certification, please contact the **Health Plan Coordinator** at your district. **Mail the completed form to your district health plan coordinator**.

Student Status Certification For Dependents
To be completed by College

_____, _____ is enrolled as a full-time student at
Name of Dependent Student *Social Security #*

_____for the _____school semester.
Name of Accredited Learning Institute *Date / season of Semester*

Anticipated Date of Graduation :_____ *Note: Student must be enrolled for at least 12 credits to be considered a full-time student.*

Signature of school Official:

Title of School Official:

Date: _____ Official school Seal:

To Be Completed by Parent:

Parent/Guardian name (*please print)*

Signature of Parent/Guardian:

Parent/Guardian Social Security Number: _____, Effective enrollment date: