STUDENT VERIFICATION PARENT AFFIDAVIT FORM

DEFINITION OF DEPENDENT STUDENT: A full-time dependent student is a person who meets all the following conditions: He/She is at least 19 years of age, unmarried, receives at least half of his/her support from the employee or member, and is enrolled full-time in an accredited secondary or preparatory school or college.

I certify that my dependent student listed below meets all of the following requirements for eligibility as a dependent student.

	Yes	No
A. 19 years of age or older	☐	☐
B. Unmarried	☐	☐
C. Receives at least half of his/her support from the employee or retired employee	☐	☐
D. Is a full-time student in an accredited secondary or preparatory school or college.	☐	☐
E. Expected date of graduation _____/____/____.	☐	☐

I agree to advise my carrier _____ promptly of any changes in my child's dependent student status.

TO BE COMPLETED BY THE SUBSCRIBER

Employer Name _____

Subscriber Name _____

Subscriber ID # _____

Student First Name _____ **Last Name** _____

School Name _____

School Address _____

City _____ **State** _____ **Zip Code**_____

I confirm that the above-named dependent is registered as a: ☐ full-time ☐ part-time student at an accredited educational institution for the ☐ Fall ☐ Winter ☐ Spring ☐ Summer semester.
The semester begins on _____ and _____ ends.
Month Year Month Year

I attest that the information shown above is true and complete. I understand that failure to complete this form may result in a delay, denial or termination of coverage for the above-named dependent. I understand that my carrier _____ reserves the right to ask for more information as proof of the above-named dependent's full-time student status.

X_____ _____
Subscriber's Signature Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim concerning any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.