

STUDENT CERTIFICATION FORM

Note: All information requested below MUST be completed.

Active Retired

MEMBER INFORMATION (Please print or type):

1. Social Security Number: _____ - _____ - _____
2. Name (First, M., Last): _____
3. Address: Street _____
City _____ State _____ Zip Code _____
4. Telephone number: HOME: (____) _____ WORK: (____) _____
5. Is child's other parent a PEBTF member? Yes _____ No _____
If yes, please give other parent's social security number _____ - _____ - _____
6. Are you responsible for more than 50% of dependent's support? Yes _____ No _____
If no, please attach an explanation to support child dependency status.
7. Was child claimed as a dependent on your last Federal Income Tax Return? Yes _____ No _____
If no, please attach an explanation to support child dependency status.

APPLYING FOR STUDENT CERTIFICATION:

To continue coverage, this form must be completed and returned to the PEBTF **within 30 days**. Failure to return this form will result in termination of your child's coverage. **NOTE:** Certification is required **twice** each year.

BE SURE TO SIGN BELOW IN THE BOXED AREA

DEPENDENT CHILD INFORMATION:

8. Dependent's Social Security Number: _____ - _____ - _____
9. Dependent's Name (First, M., Last): _____
10. Dependent's Date of Birth: Month _____ Day _____ Year _____
11. Relationship to Member: _____ Natural/Adopted Child _____ Step-Child _____ Other _____
(If other please explain)
12. Dependent's Marital Status: Single _____ Married _____ Divorced _____
13. Is dependent employed during school year? Yes _____ No _____ If yes, is he/she employed full-time _____ part-time _____
14. Dependent is: Full-time student _____ Part-time student _____
15. Name of School: _____
Registrar's Address: _____ City _____ State _____ Zip _____
Phone number: (____) _____
16. Type of School: High School _____ College _____ Trade _____ If other explain _____
17. If dependent is graduating within the next 12 months, show date of graduation:
MONTH _____, DAY _____, YEAR _____

MEMBER: I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS CERTIFICATION, I AM AUTHORIZING THE PEBTF TO VERIFY MY CHILD'S STUDENT STATUS WITH THE REGISTRAR'S OFFICE OF THE EDUCATIONAL FACILITY SHOWN ABOVE.

Member's Signature: _____ Date Signed: _____

Student Dependent Signature: _____ Date Signed: _____

NOTE: Eligibility for benefit coverage as a student dependent and continuance of this coverage is subject to periodic evaluation and recertification. Should student status or information on this certification form change at any time, benefit coverage must be reconsidered by the PEBTF.

THIS SECTION FOR PEBTF USE ONLY

Certification approved on: _____ by _____

Certification denied on: _____ by _____

STUDENT VERIFICATION FORM

(To Be Completed by the Educational Institution)

This information is being provided to the Pennsylvania Employees Benefit Trust Fund (PEBTF) who administers health care benefits to Commonwealth of Pennsylvania employees/retirees and their eligible dependents.

Student Name: _____

Student Social Security Number: _____

Current Semester Attending: _____ Number of Credit Hours _____

Full Time _____ Part Time _____ Not Enrolled _____

Withdrawal _____ Date (if applicable) _____

Graduated _____ Date (if applicable) _____

Name of Educational Institution: _____

Address of Registrar's Office: _____

Telephone Number of Registrar's Office: _____

This is authorization for the educational institution to release information to the PEBTF.

Student Signature

Date

The information set forth herein is obtained from the student's academic records and is an accurate reflection of the student's enrollment status.

Date

Signature of the Registrar

Educational Institution Seal