

Community College *of* Philadelphia

VERIFICATION OF FULL-TIME STUDENT STATUS FOR DENTAL INSURANCE

Dental insurance dependent coverage ends at age 19 unless the dependent child is a full-time student. If a dependent is a full-time student then dental insurance coverage continues until age 23. Student verification must be completed annually. This policy is the same for both Delta and United Concordia.

VERIFICATION: This form must be completed each year during the annual open enrollment period which typically runs from the last week in August through the second week in September. If we do not receive a completed form for a dependent above the age of 19, dental insurance benefits will be terminated. The definition of full-time student means carrying a minimum of 12 credits per semester. A copy of the student's roster must be attached to this form.

Parent's Name (Employee): _____

Dependent's Name: _____ Date of Birth: _____

Full-Time Student enrolled at: _____

Address of College: _____

Any person who knowingly and with intent to defraud any insurance company or other person(s) files an application or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any facts material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I attest that my dependent daughter/son named above is a full-time student taking a minimum of 12 credits during each semester. I have attached a copy of their student roster.

Employee's (Parent) Signature: _____

Date: _____

It is your responsibility to notify us if your dependent has dropped below 12 credits in any semester.