



“Building a Foundation for Lifelong Learning”

CECIL COUNTY PUBLIC SCHOOLS DEPARTMENT OF HUMAN RESOURCES BENEFITS OFFICE

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
201 BOOTH STREET • ELKTON, MD 21921

phone: 410.996.5415 • fax: 410.996.1051

Student Certification For Overage Dependent

I certify that my son/daughter, _____, is unmarried, is financially dependent, and is a full-time student (taking at least 12 credit hours) enrolled in an accredited school. His/her date of birth is _____.

Name of School: _____

Address of School: _____

Semester: Fall ___ Spring ___

Semester Start date: (month) _____ (day) _____ (year) _____

Semester End date: (month) _____ (day) _____ (year) _____

Expected graduation date is: (month) _____ (year) _____.

I have attached a copy of the college schedule for proof of full-time student status, as required to keep my child on my healthcare. I understand if I do not provide such proof, my child will lose eligibility and cease as a dependent on my plan(s).*

I understand that his/her protection under my coverage will terminate on the last day of the calendar month in which he/she ceases to be a full-time student as defined in the Certificate/Evidence of Coverage and that I must notify the Benefits Office once my child is no longer eligible as a dependent under my plan. I also understand that I must provide student verification **every** semester to keep my child on my healthcare as an eligible dependent.

Employee Name (**Please Print**)

Date

Employee Signature

CareFirst BCBS Subscriber #

Delta Dental Subscriber #

***Please Note:** Student Schedule must contain College name, Student name and number of credits.

Please return this form to Cecil County Public Schools Benefits Office