



For Medical and Dental Enrollees

Full Time Student Verification

If you wish to include a dependent between the ages of 19 and 24 under your medical and/or dental coverage, your dependent must meet the following eligibility requirements:

- Unmarried
- Financially dependent upon the Employee per IRS guidelines
- Enrolled full-time in an accredited secondary school or college (12 or more units)

This form must be completed and signed by the employee. Failure to complete and submit this verification may result in the denial of service/claims submitted on behalf of the dependent.

Employee Last Name	<input style="width: 100%; height: 20px;" type="text"/>
Employee First Name	<input style="width: 100%; height: 20px;" type="text"/>
Employee Social Security Number	<input style="width: 100%; height: 20px;" type="text"/>

Student's Name _____

Date of Birth _____

Name and Address of School _____

I hereby certify that the above dependent is currently enrolled as a full time student at the school listed above. I also understand that CaliforniaChoice[®] reserves the right to contact the school for verification of this information.

Employee Signature:	Date:
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Employer/CaliforniaChoice[®] Use Only
Group #
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>