

# CSEA Employee Benefit Fund Proof of Student Status Form



*Student proof is required for all dependents age 19 and over.*

## **TO BE COMPLETED BY MEMBER (PLEASE PRINT)**

Member's Name \_\_\_\_\_ EBF ID# \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## **TO BE COMPLETED BY SCHOOL REGISTRAR'S OFFICE (PLEASE PRINT)**

Name of Student \_\_\_\_\_

Name of College or University \_\_\_\_\_

Semester Being Verified \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

### **Student is enrolled as (please check one):**

Full Time Undergraduate (12 credits or more)

Full Time Graduate (6 credits or more)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

### **MAIL COMPLETED FORM TO**

**CSEA Employee Benefit Fund  
PO Box 516  
Latham, NY 12110-0516**



Dear Member,

Our enrollment records indicate that you have a dependent child enrolled who is age 19 or over. Coverage for this dependent may be continued up to his/her 25th birthday if a full-time student. Proof of student status is required annually. Coverage terminates three months from the end of the month in which the student completes graduation requirements.

**Please be advised that Dental and Vision benefits are not affected by the Federal Health Care Reform Act. The EBF requires that proof of current student status be provided annually in order to qualify for these benefits.**

To qualify for continued coverage, the dependent must be a full-time student enrolled for at least 12 undergraduate or 6 graduate credit hours in an accredited college or university. The credits must be in a college degree program. The dependent must be working towards a formal degree such as a Associates Arts Degree (AA, AS), Bachelor of Arts (BA), Bachelor of Science (BS), Master of Arts (MA), Master of Science (MS), etc. Full-time high school students also qualify. **Technical courses for a short duration do not meet this requirement.**

Please have the reverse side of this form completed by the registrar or obtain supporting documentation of full-time status, such as a letter from the registrar, current semester schedule or transcript and attach it to this form. Pre-registration statements, acceptance letters, and tuition bills cannot be accepted.

Note: The school may require a waiver to be signed by the student in order to release certain information. The Fund requires a signed HIPAA waiver from all persons 18 and older in order for the Fund to release that person's health information to a third party.

This form is used only to update/validate the CSEA EBF dependent student eligibility file for Dental and/or Vision coverage. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment.

Thank you for your cooperation.

**Member Services Department**  
CSEA Employee Benefit Fund