

## EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST DEPENDENT VERIFICATION FORM

Dependent unmarried children age 19 to age 26 are eligible dependents provided they are either registered as full-time students or currently dependent on the Employee for more than 50% of their support. This form must be completed on the schedule noted at the bottom of this form in order ensure ongoing coverage of your dependents age 19 and over. Failure to complete this form will result in the denial of claims until the proper documentation is received. **PLEASE NOTE: You will not be notified when coverage is suspended. It is the employee's responsibility to complete and return the form based on the schedule noted below.** It is not necessary to complete this form for dependents under the age of 19.

Employee Name: _____	Employee SSN: _____
Employer Name: _____	Group No. _____

**\*\* Complete this section if your dependent child is over age 19 and is a Full-Time Student \*\***

Dependent Name	Date of Birth	Social Security Number	Full-Time Student
			Yes ____ No ____
			Yes ____ No ____

The above named student is currently enrolled in 12 or more credit hours for the \_\_\_\_\_ (fall, winter, spring, summer) term of \_\_\_\_\_ (year).

Name and address of school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\* Complete this section if your dependent child is over age 19 and currently dependent on the Employee for more than 50% of their support \*\***

Dependent Name	Date of Birth	Social Security Number	Currently dependent on Employee for more than 50% support ?
			Yes ____ No ____
			Yes ____ No ____

The above named dependent is currently dependent on the Employee for over 50% of their support.

To the best of my belief and knowledge, the information I have provided on this form is complete and correct, and that no material information has been withheld or omitted. It is illegal for any person to knowingly and with intent to injure, defraud, or deceive any insurer, file a statement of claim or an application containing any false, incomplete, or misleading information. ***I agree to notify my employer immediately when my dependent is no longer a full-time student and/or no longer dependent on me for more than 50% of his/her support.***

Employee/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Note:
- You may be asked to provide a copy of your paid tuition statement or other documentation to verify student status.
  - You may be asked to confirm your dependent child remains more than 50% dependent on the Employee for support.

**Upon completion of this signed and dated form, please return to:**

**Meritain Health  
300 Corporate Parkway  
Amherst, NY 14226 or  
Fax to: 888-525-2799**

**Dependent Status Forms Due**

**Employees:** If you have a dependent age 19 or older enrolled in the Egyptian Trust Health, Dental, or Vision Plans you must submit an updated Dependent Verification Form according to this schedule. **If the completed form is not on file with Meritain on the 1<sup>st</sup> of the month the form is due, your dependent may experience a delay in having a prescription filled, benefits verified to their provider, or claims processed.** To avoid this delay please submit this information the month prior to the due date.

Coverage Period More than 50% Dependent on Employee	Updated Form Due	Coverage Period Full Time Student	Updated Form Due
From 9/1 thru 12/31	<b>8/31</b>	From 9/1 thru 12/31	<b>8/31</b>
From 1/1 thru 3/31	<b>12/31</b>		
From 4/1 thru 6/30	<b>3/31</b>	From 1/1 thru 8/31	<b>12/31</b>
From 7/1 thru 8/31	<b>6/30</b>		

If your child is a registered full-time student you will be required to submit this evidence no less than twice per calendar year. If your child is not a registered full-time student but remains dependent on the Employee for over half of their support you will be required to submit this evidence no less than four times per calendar year.