

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST DEPENDENT VERIFICATION FORM

Dependent unmarried children age 19 to age 25 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. **(Effective September 1, 2009 the age is extended to 26 – Special Enrollment Rights are available for those who have reached age 25 but not yet age 26 – please review the enclosed letter for details.)** 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. 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 1st 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.

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.

| 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 | 8/31 | From 9/1 thru 12/31 | 8/31 |
| From 1/1 thru 3/31 | 12/31 | | |
| From 4/1 thru 6/30 | 3/31 | From 1/1 thru 8/31 | 12/31 |
| From 7/1 thru 8/31 | 6/30 | | |