



MASSACHUSETTS PUBLIC EMPLOYEES FUND

Dental and Vision Care Plans

Statement of Verification for Student Coverage

Your dependent child who has reached the age of 19 and is enrolled as a full-time student is eligible for dental and vision benefits with the Massachusetts Public Employees Fund until the first of the month after his/her 23rd birthday. This form is to verify student status and must be submitted to the Fund office every semester your child is enrolled as a full-time student:

TO BE COMPLETED BY THE FUND MEMBER:

Name _____ Social Security #: _____

Address _____

Name of Student _____

Student Identification Number _____

Student Date of Birth _____ Relationship to Member _____

I understand that I must notify the Massachusetts Public Employees Fund when my dependent is no longer a full-time student, withdraws from school, is put on a leave of absence from school or graduates. I also understand that the Fund may, at times, verify with the educational institution that my dependent is attending and is enrolled full-time.

Signature of Fund Member: _____ Date: _____

TO BE COMPLETED BY A SCHOOL OFFICIAL:

The student named above is currently enrolled in our educational institution as indicated.

Semester Dates: From: _____ To: _____

Full-Time Part-Time

If last term was not completed as full-time, please indicate date full-time enrollment ceased: _____

Expected Date of Graduation: _____

Name and Address of Institution: _____

Name and Address of Institution: _____

Name of Registrar or Designee: _____

Signature of Registrar or Designee: _____

Date: _____

School Seal or Stamp must appear here.

Return the original completed form to:

Massachusetts Public Employees Fund
45 Bromfield Street, Suite 401 Boston, MA 02108

The Fund can only accept an original Statement of Verification for Student Coverage. No photocopies or fax transmittals will be accepted.





MASSACHUSETTS PUBLIC EMPLOYEES FUND

Dear Fund Member:

Your dependent is scheduled to terminate from dental and vision coverage with the Massachusetts Public Employees Fund as of the date listed on the reverse of this notice for one of the following reasons:

- ▶ he/she will have reached the age of 19 and the Fund has no full-time student verification on file, or
- ▶ he/she is between the ages of 19 and 23 and has student eligibility that is expiring as of the termination date listed on the reverse of this notice.

Once a dependent child reaches 19 years of age, he/she can be eligible for coverage only if he/she is: (1) enrolled as a full-time student; or (2) developmentally disabled. If your dependent is a full-time student, you must submit verification of his/her student status to the Fund each semester in order for coverage to continue. **Failure to submit the required student verification will result in the termination of your dependent's dental and vision coverage.** As a full-time student, your dependent can be eligible for benefits until the last day of the month during which he/she turns 23.

You must notify the Fund if, after submitting verification of full-time student status, your dependent withdraws from school, reduces his/her course load to less than full-time, takes a leave of absence, graduates, or gets married. Failure to notify the Fund may result in your repayment of claims paid, and/or termination of your coverage.

- ▶ **If your dependent is turning 19 and is enrolled in school full-time**, please sign the top portion of the Statement of Verification for Student Coverage on the reverse of this notice. Then forward the form to the Registrar's Office at your dependent's school. *The Fund does not accept pre-registration as verification of full-time student status.*
- ▶ **If your dependent's student eligibility is expiring and he/she is currently enrolled as a full-time student**, please sign the top portion of the Statement of Verification for Student Coverage on the reverse of this notice. Then forward the form to the Registrar's Office at your dependent's school. *The Fund does not accept pre-registration as verification of full-time student status.*
- ▶ **If your dependent is developmentally disabled**, you must submit verification from his/her physician. Please contact the Fund to determine the qualifications for this status and to obtain an Evaluation Form.
- ▶ **If your dependent's eligibility is terminating and he/she is neither a full-time student nor developmentally disabled**, he/she may be entitled to Continuation of Coverage benefits. Continuation of Coverage benefits must be elected within 60 days of the "qualifying event" date. The Fund can supply you with further information about your dependent's Continuation of Coverage rights.

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