

# STUDENT CERTIFICATION FORM

Note: All information requested below MUST be completed.

Active  Retired

## MEMBER INFORMATION (Please print or type):

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Name (First, M., Last): \_\_\_\_\_
3. Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone number: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_
5. Is child's other parent a PEBTF member? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give other parent's social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Are you responsible for more than 50% of dependent's support? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please attach an explanation to support child dependency status.
7. Was child claimed as a dependent on your last Federal Income Tax Return? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please attach an explanation to support child dependency status.

## APPLYING FOR STUDENT CERTIFICATION:

To continue coverage, this form must be completed and returned to the PEBTF **within 30 days**. Failure to return this form will result in termination of your child's coverage. **NOTE: Certification is required twice each year.**

## ***BE SURE TO SIGN BELOW IN THE BOXED AREA***

### DEPENDENT CHILD INFORMATION:

8. Dependent's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Dependent's Name (First, M., Last): \_\_\_\_\_
10. Dependent's Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
11. Relationship to Member: \_\_\_\_\_ Natural/Adopted Child \_\_\_\_\_ Step-Child \_\_\_\_\_ Other \_\_\_\_\_  
(If other please explain)
12. Dependent's Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_
13. Is dependent employed during school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, is dependent eligible for health coverage through their employer? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Dependent is: Full-time student \_\_\_\_\_ Part-time student \_\_\_\_\_
15. Name of School: \_\_\_\_\_  
Registrar's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_\_
16. Type of School: High School \_\_\_\_\_ College \_\_\_\_\_ Trade \_\_\_\_\_ If other explain \_\_\_\_\_
17. If dependent is graduating within the next 12 months, show date of graduation:  
MONTH \_\_\_\_\_, DAY \_\_\_\_\_, YEAR \_\_\_\_\_

**MEMBER: I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS CERTIFICATION, I AM AUTHORIZING THE PEBTF TO VERIFY MY CHILD'S STUDENT STATUS WITH THE REGISTRAR'S OFFICE OF THE EDUCATIONAL FACILITY SHOWN ABOVE.**

**Member's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Student Dependent Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

NOTE: Eligibility for benefit coverage as a student dependent and continuance of this coverage is subject to periodic evaluation and recertification. Should student status or information on this certification form change at any time, benefit coverage must be reconsidered by the PEBTF.

## THIS SECTION FOR PEBTF USE ONLY

Certification approved on: \_\_\_\_\_ by \_\_\_\_\_

Certification denied on: \_\_\_\_\_ by \_\_\_\_\_

# STUDENT VERIFICATION FORM

(To Be Completed by the Educational Institution)

This information is being provided to the Pennsylvania Employees Benefit Trust Fund (PEBTF) who administers health care benefits to Commonwealth of Pennsylvania employees/retirees and their eligible dependents.

Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Current Semester Attending: \_\_\_\_\_ Number of Credit Hours \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not Enrolled \_\_\_\_\_

Withdrawal \_\_\_\_\_ Date (if applicable) \_\_\_\_\_

Graduated \_\_\_\_\_ Date (if applicable) \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Address of Registrar's Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number of Registrar's Office: \_\_\_\_\_

**This is authorization for the educational institution to release information to the PEBTF.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**The information set forth herein is obtained from the student's academic records and is an accurate reflection of the student's enrollment status.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Registrar

\_\_\_\_\_  
Educational Institution Seal