



Policy Number 7172

REGISTRATION CARD OVERAGE DEPENDENT / EDUCATION

Check Retired Employee Group:

Faculty/Professional Support

Management Confidential/Operational Support

Employee ID# _____

created August 17, 2020

EMPLOYEE'S FIRST NAME _____ LAST NAME _____

DEPENDENT'S FIRST NAME _____ LAST NAME _____ DATE OF BIRTH DD/MM/YY _____

ADDRESS _____

_____ POSTAL CODE _____

SON

DAUGHTER

PLEASE COMPLETE ONE OF THE FOLLOWING AREAS

DEPENDENT

This is to certify that the above-named dependent is wholly dependent upon me and is under my care.

EDUCATION

This is to certify that the above-named dependent is a **full-time** student at

(Name of accredited school, college, or university)

For the term _____ to _____

Signature of Parent of Guardian

Date

Signature of Parent of Guardian

Date

FORM-051(8)05/00

Note: health and dental coverage will terminate on the dependents 21st birthday. To avoid interruption in coverage, it is important to complete this form for eligible dependents who are attending school on a fulltime basis (6 weeks) prior to the dependent's 21st birthday and every academic year thereafter if eligible up to age 27. Coverage will terminate on the dependents 21st birthday in absence of a completed form. Contact your ESA for more information.