

Confirmation of Full Time Student Status

Group Benefits Coverage for Dependents over 21

Coverage under the OASSIS group medical and dental plans is extended to your unmarried dependent children (including step-children) between age 21 and 25, if they are full-time students (in a qualifying program at a qualifying institution) and dependent on you for support. Coverage continues up to, but not including their 25th birthday if they continue in full time school.

To confirm that your dependent is enrolled as a full-time student for the current school year, please complete and return this form to your OASSIS Benefits Administrator **one month prior** to your dependent turning age 21. If the form is not received by the date he/she turns 21, coverage will terminate on the 21st birthday.

This form is required for each year your dependent is a full-time student between age 21 and 25.

Dependents Name: _____

School/Institution: _____

Date School Year begins: _____

Date School Year ends: _____

Name of Your Employer: _____

Please Note: If coverage terminates, members have 31 days to provide confirmation of student status. If confirmation is not received within 31 days, your dependent will be deemed a late applicant, and will have to provide proof of good health prior to reinstatement in the plan.

I, _____ (please print first name and last name) certify that the above information is true, complete, and correct and in the event that my dependent no longer qualifies in the future, I will notify OASSIS immediately. I understand that making a false statement on this form or otherwise can result in the termination of my coverage (and that of my spouse and dependents) with OASSIS.

Signature

Date

Please return this completed form to the address below or via email to your Benefits Administrator.