



PROOF OF STUDENT STATUS FORM

TO BE COMPLETED BY MEMBER:

EMPLOYEE NAME: _____ EBF ID # _____

STUDENT NAME: _____ DATE _____

TO BE COMPLETED BY SCHOOL REGISTRAR'S OFFICE:

NAME OF STUDENT: _____

NAME OF COLLEGE OR UNIVERSITY: _____

SEMESTER BEING VERIFIED: _____

STUDENT IS ENROLLED AS (PLEASE CHECK ONE):

_____ FULL TIME UNDERGRADUATE (12 CREDITS OR MORE)

_____ FULL TIME GRADUATE (6 CREDITS OR MORE)

EXPECTED GRADUATION DATE: _____

Signature: _____

Title: _____

Date _____ Phone number: (_____) _____ - _____

Please return forms to:

CSEA Employee Benefit Fund
P O Box 516
Latham, NY 12110-0516

CSEA Employee Benefit Fund
www.cseabf.com
1-800-323-2732

Dear Member,

Our enrollment records indicate that you have a dependent child enrolled who is age 19 or over. Coverage for this dependent may be continued up to his/her 25th birthday if a full-time student. Proof of student status is required annually. Coverage terminates three months from the end of the month in which the student completes graduation requirements.

Please be advised that Dental and Vision benefits are not affected by the Federal Health Care Reform Act. The EBF requires that proof of current student status be provided annually in order to qualify for these benefits.

To qualify for continued coverage, the dependent must be a full-time student enrolled for at least 12 undergraduate or 6 graduate credit hours in an accredited college or university. The credits must be in a college degree program. The dependent must be working towards a formal degree such as Bachelor of Arts (BA), Bachelor of Science (BS), Masters of Arts (MA), Master of Science (MS), Associates Arts Degree (AA, AS), etc. Full-time high school students also qualify. Technical courses for a short duration do not meet this requirement.

Please have the reverse side of this form completed by the registrar or obtain supporting documentation of full-time status, such as a letter from the registrar, current semester schedule or transcript and attach it to this form. Pre-registration statements, acceptance letters and tuition bills cannot be accepted.

Note: The school may require a waiver to be signed by the student in order to release certain information. The Fund requires a signed HIPAA waiver from all persons age 18 and older in order for the Fund to release that person's personal health information to a third party.

This form is used only to update/validate the CSEA EBF dependent student eligibility file for Dental and/or Vision coverage. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment.

Thank you for your cooperation.

Member Services Department
CSEA Employee Benefit Fund