

**San Joaquin County – All Plans  
Dependent Student Status Verification**

Employee Name:	Six Digit Employee ID:
Dependent Name:	Dependent Date of Birth:
School Term (Spring/Fall)	School Year

Please check the appropriate box and attach any necessary documentation

**MY DEPENDENT IS A FULL TIME STUDENT**

If unmarried dependent is a full-time student, verification of enrollment for a minimum of 9 units per school term in an accredited institution is required every semester (Spring and Fall). Please attach one of the following as proof of your dependent’s full-time student status:

- Schedule of classes for current school term
- Letter of acceptance (to verify coverage for graduating high school seniors for summer before Fall college enrollment)

**MY DEPENDENT IS INCAPABLE OF SELF-SUPPORT DUE TO A MENTAL OR PHYSICAL DISABILITY**

- Physician’s statement of medical disability must be provided

**PLEASE DISCONTINUE COVERAGE FOR THE DEPENDENT LISTED ABOVE**

- You may re-enroll your unmarried dependent for insurance coverage if they become a full-time student. An application to add your dependent and the supporting documentation must be turned in to the Benefits Unit within 60 days of the date of enrollment in school. Otherwise, the dependent cannot be added until the next open enrollment period.

I understand that if my unmarried dependent is a full-time student it is required that I provide proof of student status every semester (Spring and Fall) or coverage will be terminated. If my dependent child falls below nine (9) units, they are no longer eligible and it is my responsibility to notify the County if this occurs. I further understand that if my dependent is disabled, I may have to provide verification of disability on an annual basis to avoid termination of coverage.

Employee Signature:	Date:
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