

# STUDENT VERIFICATION OF ELIGIBILITY

CS-1830  
REV 2/2017

EMPLOYEE NAME	EMPLOYEE ID NO.	EMPLOYEE DAYTIME PHONE
DEPENDENT NAME	DEPENDENT BIRTHDATE	

## Student Eligibility Criteria

To be considered eligible to enroll or continue enrollment in dental and vision insurance, a dependent must be a child by birth, legal adoption, or a step-child who resides with the employee at least 50% of the time, AND meet all of the following criteria:

1. Regularly attending an accredited educational institution (students may have a lapse of attendance for only one term or semester (Winter/Spring/Summer/Fall) per calendar year to be considered regularly attending), AND
2. Receive at least 50% of their support from the employee, or, for step-children, at least 50% of their support from the employee or employee's spouse, AND
3. Unmarried, AND
4. Ages of 19 up to their 25<sup>th</sup> birthday.

## Required Documentation

A class schedule, transcript, or letter from the accredited educational institution stating your dependent is enrolled in the current term, or prior term completed closest to your dependent's birthday, must be provided by fax or mail to the number or address below.

### The Required Documentation must include:

1. Name of the dependent, AND
2. Name of the accredited educational institution, AND
3. Academic term or semester.

NAME OF ACCREDITED EDUCATIONAL INSTITUTION DEPENDENT IS ATTENDING

**I certify that the dependent listed above meets all the student eligibility criteria.**

EMPLOYEE SIGNATURE	DATE
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**NOTE: Falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and prosecution.**

Return the completed form and any required documentation to:

**MI HR Service Center**  
Capitol Commons Center  
P. O. Box 30002  
Lansing, MI 48909  
**Fax: 517-241-5892**  
**Telephone: 877-766-6447**