Full-Time Student Verification

For Dental EPO/PPO Enrollees Only

CaliforniaChoice 51+
Your Health. Your Choice.®

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If you wish to include a dependent between the ages of 19-24 for EPO/PPO dental coverage, your dependent must meet the following eligibility requirements:

- Unmarried or not involved in a domestic partnership
- Financially dependent upon the Employee per IRS guidelines
- Enrolled as a full-time student (minimum 12 units) in a qualified college, university, vocational, or secondary school.

This form must be completed and signed by the employee. Failure to complete and submit this verification may result in the denial of services/claims for the dependent.

Employee Last Name

Employee First Name

Employee Social Security Number

Student's Name _____ Date of Birth _____

School Name _____

School Address _____

I hereby certify that the above dependent is currently enrolled as a full-time student at the school listed above. I also understand that California*Choice* 51+ reserves the right to contact the school for verification of this information.

Employee Signature:	**Date:**

Employer/California*Choice* 51+ Use Only Group #