



Massachusetts Public Employees Fund

Vision and Dental Health Plans

Statement of Verification for Student Coverage

Your dependent child who has reached the age of 19 and is enrolled as a full-time student is eligible for dental and vision benefits with the Massachusetts Public Employees Fund until the first of the month after his/her 26th birthday. This form is to verify student status and must be submitted to the Fund office **every semester/term** your child is enrolled as a full-time student:

Section One: To be completed by the Fund Member:

Name _____ Dental/Member ID #: _____

Address: _____

Name of Student: _____

Student Date of Birth: _____ Relationship to Member _____

I understand that I must notify the Massachusetts Public Employees Fund office when my dependent is no longer a full-time student, withdraws from school, is put on a medical leave of absence from school, graduates or marries. I also understand that my dental and vision plan may, at times, certify with the educational institution that my dependent is attending and is enrolled full-time.

Signature of Fund Member: _____ Date: _____



Section Two: To be completed by a school official ONLY:

The above student is currently enrolled as indicated: Full-Time Part-Time

Semester/Term Dates: From: ____/____/____ To: ____/____/____
 Month / Day / Year Month / Day / Year

If last term was not completed as full-time, indicate date full-time enrollment ceased: _____

Is student expected to continue full-time next term? Yes No Expected Date of Graduation _____

Name of Institution _____

Address _____

Name of Registrar or Designee _____

Signature of Registrar or Designee _____

Date: _____

School Seal or Stamp
must appear here

Due to privacy laws, the Fund cannot accept emails containing sensitive enrollment information. You must either mail or fax this form to the address/fax number at the bottom of this form. Altered or falsified information may result in loss of member benefits.



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Dear Fund Member:

Your dependent terminates from Dental and Vision coverage with the Massachusetts Public Employees Fund when the following events occur:

- he/she reaches the age of 19 and the Fund has no full-time student verification on file, or
- he/she is between the ages of 19 and 26 and has student eligibility which has expired.

Once a dependent child reaches 19 years of age, he/she can be eligible for coverage only if he/she is: (1) enrolled as a full-time student; or (2) developmentally disabled. If your dependent is a full-time student, you must submit verification of his/her student status to the Fund **each semester** in order for coverage to continue. **Failure to submit the required student verification will result in the termination of your dependent's dental and vision coverage.** As a full-time student, your dependent can be eligible for benefits until the last day of the month during which he/she turns 26.

You must notify the Fund if, after submitting verification of full-time student status, your dependent withdraws from school, reduces his/her course load to less than full-time, takes a leave of absence, graduates, or gets married. Failure to notify the Fund may result in the repayment of claims paid, and/or termination of your coverage.

- **If your dependent is turning 19 and is enrolled in school full-time**, please sign the top portion of the Statement of Verification for Student Coverage on the reverse of this notice. Then forward the form to the Registrar's Office at your dependent's school. *The Fund does not accept pre-registration as verification of full-time student status.*
- **If your dependent's student eligibility is expiring and he/she is currently enrolled as a full-time student**, please sign the top portion of the Statement of Verification for Student Coverage on the reverse of this notice. Then forward the form to the Registrar's Office at your dependent's school. *The Fund does not accept pre-registration as verification of full-time student status.*
- **If your dependent is developmentally disabled**, you must submit verification form his/he physician. Please contact the Fund to determine the qualifications for this status and to obtain an Evaluation Form.
- **If your dependent's eligibility is terminating and he/she is neither a full-time student nor developmentally disabled**, he/she may be entitled to Continuation of Coverage benefits. Continuation of Coverage benefits must be elected within 60 days of the "qualifying event" date. The Fund can supply you with further information about your dependent's Continuation of Coverage rights.

**If additional forms are needed, you may contact the Fund office or download this form from our website:
www.mpefund.org**