

Annual Full-Time Student Verification

RETIREE'S NAME: _____ SS #: _____

TELEPHONE NUMBER: _____ Is this your HOME or CELL ?

DEPENDENT'S NAME: _____

Instructions: Select A or B. Sign the bottom. Submit this form, and your child's proof of full time student status if applicable, to ORS on or before 10/31.

A _____	<p><u>My dependent IS a full-time student.</u> As required, I have attached <u>Full Time Student Verification</u> (i.e. copy of current school registration/schedule). I would like my child to remain covered on the insurances they are currently covered on.</p> <p>SCHOOL NAME: _____</p> <p>ANTICIPATED GRADUATION DATE: _____</p> <p>NUMBER OF UNITS: _____ (full-time is 12 undergraduate or 6 graduate units)</p>
B _____	<p><u>My dependent is NOT a full-time student.</u> I understand that effective January 1st, my child will be removed from any insurances which require full-time status. As noted in my letter, my dependent can remain on my retiree medical insurance coverage through City of San José (if applicable) until age 26 regardless of school status or marital status.</p> <p>If my dependent becomes a Full Time Student and is under the age of 24, I may add them as a dependent to my dental or vision coverage within 30 days of their enrollment. I must provide Full Time Student verification and a Medical, Dental, and Vision Change form to the Office of Retirement Services.</p>

By signing, I am verifying this information is true and correct to the best of my knowledge. It is my responsibility to inform the Office of Retirement Services in writing within 30 days if my dependent is no longer unmarried or no longer a Full-Time Student (graduation, reduction in units, etc). I understand that if I fail to inform ORS of these changes in my dependent child's eligibility, I will be liable for any premium costs incurred due to my late or non-reporting.

RETIREE'S SIGNATURE: _____ DATE: _____