



Verification of Full-Time Student Status Form

(For parent of an enrolled grandchild)

City of Los Angeles
Personnel Department
Employee Benefits Division
213-978-1655

Please print all information—Signature required below

1. Employee/Subscriber

Name (Last, First, Middle Initial):	Employee ID Number:	Phone Number:
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2. Employee/Subscriber (Use if both parents are City employees)

Name (Last, First, Middle Initial):	Employee ID Number:	Phone Number:
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3. Enrolled Grandchild

Name (Last, First, Middle Initial):	Date of Birth:
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4. Child Who Is a Full-Time Student and Parent of Enrolled Grandchild (listed in #3 above)

Name (Last, First, Middle Initial):	Employee (1) is covering child for	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Date of Birth:	Employee (2) is covering child for	<input type="checkbox"/> Medical <input type="checkbox"/> Dental

Part A – To Be Completed by Employee and Child (a Full-Time Student)

College/University Name:	College/University Address:
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This form authorizes you to release the information requested below regarding the status of the child indicated in #4 above.

Employee's/Subscriber's Signature:	Student's Signature:
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Part B – To Be Completed by the School

This certifies that _____ was/is enrolled as a full-time student during the _____ semester / quarter / trimester from _____ to _____ in _____ units.

Name of School Representative:	Date Signed:
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Title and School Stamp:

Part C – To Be Completed by Employee

I understand that it is my responsibility as an employee/subscriber to inform the City of Los Angeles, Employee Benefits Division, by calling the Flex Benefits Service Center whenever my child (the parent of my enrolled grandchild) is no longer eligible because he or she ceases to be a full-time student, attains age 26, ceases to be totally disabled, or enters military service.

Employee's/ Subscriber's Signature:	Date Signed:
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See back of this form for acceptable documentation of full-time student status and other information.

Verification of Full-Time Student Status

Note: If two City employees cover the same child (parent of your grandchild), one under dental and one under medical, both City employees may utilize this form and submit one copy for verification.

Beginning January 1, 2011, your young adult children are eligible for Flex up to age 26 whether or not they are full-time students. Grandchildren for whom you have legal custody are also eligible up to age 26 if you show proof of legal custody. A grandchild for whom you do not have legal custody may be eligible for Flex if the grandchild's parent is your child who is:

1. Under age 19, unmarried and financially dependent on you, **or**
2. Age 19 to 26 and meets the full-time student status, is unmarried, and financially dependent on you..

To enroll a grandchild whose parent meets requirement 2 above, you must submit full-time student certification, and you will be required to resubmit this certification annually. Each year, documentation must be received within 60 days of the date on the student letter mailed to you a month in advance of your child's birthday.

If coverage for your child ends, coverage for your grandchild will end (unless you provide proof of legal custody for that grandchild).

What You Need to Do

Please complete and sign the information section at the top of the form, Part A, and Part C. Part B should be completed by the school your child (the parent of your grandchild) is currently attending.

Accepted proof of full-time student status is:

- Certified educational institution's letterhead with school seal, signed by the Registrar or Dean of Students; or
- Copy of information downloaded from the Student Clearinghouse at www.studentclearinghouse.com; or
- Original student certification completed by the Registrar or Dean of Students with signature and school seal.

In some cases we accept official online enrollment confirmations and class schedules. The Employee Benefits Division will not accept receipts reflecting registration, faxes, or other similar documentation.

In addition, if your child's birthday occurs during the summer months, the Employee Benefits Division will accept proof from the school that he or she was a full-time student during the school term immediately preceding his or her birthday.

Please write the employee's name and Employee ID number on the documents from the school so that the Employee Benefits Division can correctly identify your child as your dependent.

Your grandchild will cease to have coverage unless the Employee Benefits Division receives this completed form by the requested date. It is the subscriber's responsibility to check with the Employee Benefits Division to make sure that it is received. Any claims generated during a period without coverage are your financial responsibility.

Important

Should you wish to have your child or grandchild enrolled in an individual plan, please contact the Employee Benefits Division for information on extended benefits as it relates to COBRA at (213) 978-1655 from 8:00 a.m. to 4:00 p.m. Monday through Friday. The COBRA form(s) must be submitted within 60 days of your child's or grandchild's coverage termination date.

*Employee Benefits Division, 200 N. Spring Street, Room 867,
Los Angeles, CA 90012
(Located in City Hall; include "Mail Stop #621" if using inter-departmental mail)*