

STATE OF DELAWARE
Department of Human Resources
Statewide Benefits Office

FULL-TIME STUDENT CERTIFICATION FORM

Form to be completed when child is not born to, adopted by, or lawfully placed for adoption with employee/pensioner and is: - unmarried; and - between ages of 19 and 24; and; - resides with employee/pensioner in a regular parent-child relationship; and	- dependent upon employee/pensioner for at least 50% support; and - considered to be employee's/pensioner's dependent under Section 105 of Internal Revenue Code; and - is a full-time student in accordance with school policy.
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EMPLOYEE/PENSIONER INFORMATION (To Be Completed By Employee/Pensioner)			
EMPLOYEE/PENSIONER LAST NAME	EMPLOYEE/PENSIONER FIRST NAME	MI	EMPLOYEE/PENSIONER ID NUMBER
STUDENT INFORMATION (To Be Completed By Employee/Pensioner)			
STUDENT LAST NAME		STUDENT FIRST NAME	
		MI	
The student is: <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH ____/____/____	STUDENT SOCIAL SECURITY NUMBER
NAME OF SCHOOL STUDENT IS ATTENDING			
ADDRESS OF SCHOOL			PHONE NUMBER OF SCHOOL () -
Attach school's policy defining Full-Time Student Status AND enrollment letter, registration, or invoice to document enrollment as a full-time student.		Student is enrolled for: Number of Credit hours: _____	
		EXPECTED END DATE OF FULL-TIME ATTENDANCE?	
TERMS OF AGREEMENT			
<p>I certify that:</p> <ol style="list-style-type: none"> 1) the statements made above are true and understand that the State of Delaware's Department of Human Resources reserves the right to recover from me, claim payments made to or on behalf of an ineligible dependent; 2) Full-Time Student Certification Form shall be completed no later than August 1 for Fall Semester; December 1 for Spring Semester; and any other time the student's enrollment status changes. The completed form must be provided to my HR/Benefits Office who is responsible for maintaining the original copy for auditing purposes by SBO; 3) Full-Time Student Status is defined by the school's policy and a copy of the school's transcript or letter on school letterhead stating status of enrollment must be attached to this form; and 4) Statement of Support form with copy of legal guardianship, permanent guardianship or custody order has also been completed and provided to my HR/Benefits Office to be maintained for auditing purposes by SBO. 			
EMPLOYEE/PENSIONER SIGNATURE			DATE

A Full-Time Student Certification Form MUST be completed for each child.
Employee/Pensioner MUST sign form.
Benefits coverage will be provided to the end of the month for which the child is eligible.
Original: 7-26-11
Revised: 11-19-14
Revised: 01-25-18