

IMPORTANT INSTRUCTIONS FOR STUDENT CERTIFICATION

The dependent whose name appears on this mailing is currently covered by the Pennsylvania Employees Benefit Trust Fund (PEBTF) or the Retired Employees Health Program (REHP). Members may continue to cover their dependent after age 19 if he or she qualifies as a full-time student or a disabled dependent.

Coverage for full-time students may continue until the dependent's 23rd birthday if he/she continues to meet the following requirements:

- "Attending" an accredited institution on a full-time basis (see Note)
- Not married
- Not employed full time
- Depends on the PEBTF/REHP member for more than 50 percent of total support and is claimed as a dependent on the member's federal income tax return. If you can provide other evidence to support child dependency status, your child may be eligible.

Note: "Attending" includes periods of time over the summer, between consecutive semesters and over a vacation period, provided the student returns to school the very next regularly scheduled semester and recertifies with the PEBTF as required.

IMPORTANT:
**IF YOUR CHILD DROPS BELOW FULL-TIME STUDENT STATUS
OR WITHDRAWS FROM THE ACCREDITED EDUCATIONAL INSTITUTION,
IT IS YOUR RESPONSIBILITY TO NOTIFY THE PEBTF
IMMEDIATELY TO DISCUSS YOUR OPTIONS.
FAILURE TO DO SO MAY RESULT IN TERMINATION OF THE ENTIRE
FAMILY'S MEDICAL BENEFITS.**

COBRA Coverage

If or when your child no longer meets the eligibility requirements shown on the reverse side, he/she has the right to continue coverage on a self-pay basis for up to 36 months. This is a right granted under the Federal Consolidated Omnibus Budget Reconciliation Act, known as COBRA.

To qualify for the COBRA continuation coverage, you or your dependent must notify the PEBTF **within 60 days** of loss of full-time dependent student eligibility. To request a COBRA continuation notice and election form, complete the enclosed postcard and return it to the PEBTF. This will be the only notice sent for your use in requesting COBRA coverage. **It is important that you notify the PEBTF timely or these important COBRA benefits will not be offered.**

Student Medical Leave

If faced with a dependent who cannot return to college because of a serious illness, you should contact the PEBTF. You should apply for COBRA benefits **within 60 days** of the last day your dependent attended classes on a full-time basis. Please see the information on COBRA coverage above.

You can apply for Student Medical Leave by completing a Student Medical Leave Application Form. The form can be obtained from the PEBTF and it must be received by the PEBTF **within six months** of the last day your dependent attended classes on a full-time basis. The PEBTF will review the application and may forward it to an outside medical consultant for review. The medical consultant will determine if your dependent's illness or injury is so severe or debilitating that the student cannot attend classes on a full-time basis or is incapable of performing gainful employment on a full or part-time basis. If the Application for Student Medical Leave is approved, medical benefits will be granted to your dependent and any COBRA premiums paid may be refunded to you. If the application is denied, you may continue to pay COBRA premiums for up to 36 months, provided your dependent remains eligible.



Pennsylvania Employees Benefit Trust Fund

150 South 43rd Street

Harrisburg, Pennsylvania 17111-5700

717-561-4750 • 800-522-7279 (In State) • 800-628-0174 (Out of State)



STUDENT CERTIFICATION FORM FOR PERSONNEL OFFICE USE

Note: All information requested below MUST be completed.

MEMBER INFORMATION (Please print or type):

1. Social Security Number: _____ - _____ - _____
2. Name (First, M., Last): _____
3. Address: Street _____
City _____ State _____ Zip Code _____
4. Telephone number: HOME: (____) _____ WORK: (____) _____
5. Is child's other parent a PEBTF member? Yes _____ No _____
If yes, please give other parent's social security number _____ - _____ - _____
6. Are you responsible for more than 50% of dependent's support? Yes _____ No _____
If no, please attach an explanation to support child dependency status.
7. Was child claimed as a dependent on your last Federal Income Tax Return? Yes _____ No _____
If no, please attach an explanation to support child dependency status.

DEPENDENT CHILD INFORMATION:

8. Dependent's Social Security Number: _____ - _____ - _____
9. Dependent's Name (First, M., Last): _____
10. Dependent's Date of Birth: Month _____ Day _____ Year _____
11. Relationship to Member: _____ Natural/Adopted Child _____ Step-Child _____ Other _____
(If other please explain)
12. Dependent's Marital Status: Single _____ Married _____ Divorced _____
13. Is dependent employed during school year? Yes _____ No _____ If yes, is he/she employed full-time _____ part-time _____
14. Dependent is: Full-time student _____ Part-time student _____
15. Name of School: _____
Registrar's Address: _____ City _____ State _____ Zip _____
Phone number: (____) _____
16. Type of School: High School _____ College _____ Trade _____ If other explain: _____
17. If dependent is graduating within the next 12 months, show date of graduation:
MONTH _____, DAY _____, YEAR _____

MEMBER: I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS CERTIFICATION, I AM AUTHORIZING THE PEBTF TO VERIFY MY CHILD'S STUDENT STATUS WITH THE REGISTRAR'S OFFICE OF THE EDUCATIONAL FACILITY SHOWN ABOVE.

Member's Signature: _____ Date Signed: _____

Student Dependent Signature: _____ Date Signed: _____

NOTE: Eligibility for benefit coverage as a student dependent and continuance of this coverage is subject to periodic evaluation and recertification. Should student status or information on this certification form change at any time, benefit coverage must be reconsidered by the PEBTF.

THIS SECTION FOR PEBTF USE ONLY

Certification approved on: _____ by _____

Certification denied on: _____ by _____