



CECIL COUNTY PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES/BENEFITS

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
201 BOOTH STREET • ELKTON, MD 21921

phone: 410.996.5413 • fax: 410.996.1051 • www.ccps.org

Student Certification for Overage Dependent

I certify that my son/daughter, _____, is unmarried, is financially dependent, and is enrolled in an accredited school as a full-time student, taking a minimum of 12 credits. His/her date of birth _____.

Name of School: _____

Address of School: _____

Semester: Fall ___ Spring ___

Semester Start date: (month)_____ (day)_____ (year)_____

Semester End date: (month)_____ (day)_____ (year)_____

Expected graduation date is: (month) _____ (year) _____

I have attached a copy of the student schedule for proof of full-time student status, as required to keep my child on my dental and vision plans. I understand if I do not provide such proof, my child will lose eligibility and cease as a dependent on these plans.*

I understand that his/her protection under my coverage will terminate on the last day of the calendar month in which he/she ceases to be a full-time student as defined in the Certificate/Evidence of Coverage, and that I must notify the Benefits Office once my child is no longer eligible as a dependent under my plan. I also understand that I must provide student verification **every semester** to keep my child on my dental and vision plans as an eligible dependent.

Employee Name (**Please Print**)

Employee ID#

Employee Signature

Date

***Please Note:** The student schedule must contain the college name, student name and number of credits. If a student schedule cannot be provided, please contact the Bursar's Office of the college and request that a proof of student status be sent to you.