

FHA-TPA

Dependent Student Status Certification

(For Dependent Students 19 years of Age and Older)

Each employee is responsible for notifying either the designated representative that handles the administrative duties for your insurance plan or FHA-TPA when a dependent child is no longer eligible for coverage. For example, when the child is no longer a part-time/full-time student, marries, exceeds the maximum age for eligible dependent, or is no longer eligible as a tax dependent of the employee or employee's spouse. Please review the specific dependent eligibility and termination guidelines in your Plan Document. Notice after 60 days may jeopardize the child's right to COBRA continuation coverage. Any claims costs incurred after the date which the dependent is no longer considered eligible will then be the responsibility of the employee. **Please note this information must be updated every semester except for the summer semester. Failure to do so may result in the denial of claims incurred by this dependent.**

If you need to certify a disabled child, please visit our website at www.fhatpa.com to download a "Disabled Dependent Certification Form" or call our eligibility department at **1-800-707-0501 (toll-free)** or **954-366-0111 (local)**.

EMPLOYEE TO COMPLETE THE FOLLOWING:

Primary Covered Participant's Name:		Participant's Member ID Number:
Dependent's Name:		Dependent's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Dependent's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Dependent's Date of Birth: (MM/DD/YR)	Relationship to Employee:
Dependent's Social Security Number:	Does the dependent reside with you? If no, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____	
What is the anticipated (or actual) graduation date? _____ Is the dependent employed full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this dependent currently covered under any other health or school insurance plan, Medicare or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list coverage information: _____ I hereby certify that the information contained on this form is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification.		
_____ Employee / Retiree Signature		_____ Daytime Telephone Number
		_____ Date

STUDENT CERTIFICATION: (Student must complete this section and obtain School's Seal/Stamp from Registrar's Office)

School Name:	School Address:
Is this institution accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the student status as determined by the institution? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Beginning and Ending Date of Current Semester: _____ to _____	Which Semester does this certification apply? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Was this student enrolled last semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registrar's Telephone Number:
I hereby certify that all of the above information is true and complete according to the best of my knowledge.	
_____ Signature of Student	
_____ Daytime Telephone Number	
_____ Date	

Mail Validated Form To: **FHA-TPA**
P.O. BOX 327810
FT. LAUDERDALE, FL 33332-9711
954-366-0133

Or Send via Fax To:

Affix Institution Seal/Stamp here to certify that the Student Information provided is accurate.

Please note: The member may complete the top portion of this form and attach a letter from the College Registrar's office. Please be advised that the letter from the College Registrar's office must be on official school stationary and be signed by the School's Administration office or Registrar's office. The information must state the dependent's name, number of credits and indicate that the dependent is full-time or part-time for the **Current** semester.

We will not accept a copy of an unpaid tuition bill as verification of student status.

