

Baltimore County Public Schools Flexible Benefits Program
Dependent Student Certification Form

BCPS provides coverage for eligible dependent children to the end of the year they attain age 19. Coverage may be extended for dependents who are enrolled full-time in a school of higher education. If your child qualifies as a full-time student, health coverage can be continued until the end of the month of graduation (until August 31 for spring graduates) or to the end of the calendar year they turn 25, whichever comes first.

Continue Dependent Coverage

This form must be completed annually. **Return this form and one of the following:** a copy of the tuition bill, official class schedule, or written verification of attendance from the school.

Employee Name (Last, First): _____ Social Security #: _____

Student Name (Last, First): _____ Social Security #: _____

Date of Birth: _____ Gender: Male / Female (circle one)

My dependent meets all of the following requirements for eligibility as a dependent student:

- A. Between the ages of 19 and 25
- B. Unmarried
- C. Is a Full-time student in an accredited school (minimum of 12 credit hours per semester undergraduate or 9 credit hours per semester graduate)

I understand it is my responsibility to notify my benefits office within 30 days of a change in my dependent's status as a full-time student or if they are no longer an eligible dependent. I hereby certify that the above listed dependent is eligible for coverage with BCPS. I understand that any misrepresentation may result in a retroactive cancellation of my dependent's coverage and any charges incurred will be my liability.

Employee's Signature: _____ Date: _____

Discontinue Dependent Coverage – No Longer Eligible

If your child is no longer an eligible dependent, please complete as indicated below. If you do not return this form, your dependent's coverage will be terminated and there will be no refund of bi-weekly deductions deducted during the period of ineligibility.

My dependent is no longer eligible. Yes _____

Employee's Signature: _____ Date: _____

It is your responsibility to notify BCPS of any changes in the status of a student dependent (i.e., the student drops out of school, becomes a part-time student, gets married). Any claims paid in error during a period of ineligibility are the employee's responsibility. BCPS will pursue recovery of overpaid dollars should this occur.

Submit completed form by _____ to: Baltimore County Public Schools
Office of Employee Benefits, Student Certification
1946 Greenspring Dr Ste N
Timonium, MD 21093 or via facsimile at 410-887-8950

For access to copies of this form or for access to Benefits information anytime, visit our website: <http://www.bcps.org/offices/benefits>. Visit the Employee Self Service site: <https://intranet.bcps.org> and click on Employee Self Service.