

Affidavit of Student Status

Agency Name:	
Dep	endent Date of Birth:
l,	, after first being duly cautioned and sworn, state that: (Legal Name of Enrolled Employee)
	My unmarried dependent is 19-22 years of age, and attends (Legal Name of Dependent)
	(Name of Accredited School)
I hav	ve attached:
□ OR	A letter from the registrar with dependent's name, school name, school phone number and statement of dependent's current term enrollment.
□ OR	An official transcript with dependent's name, school name and semesters/quarters enrolled that include the current term.
	A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term. (http://www.studentclearinghouse.org/)
	e birthday occurs during a standard school break, (e.g. summer), the attached document of choice must w enrollment in the previous term.
This	s section must be completed
	I understand that knowingly providing false or misleading information in this Affidavit may result in any or all of the following actions by the State of Ohio: 1) loss of coverage; 2) disciplinary action, up to and including removal; 3) collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible dependents; and/or 4) civil and/or criminal prosecution.
	I also understand that I may be required to supply copies of documentation such as certified birth certificate(s), front/last page of income tax returns and other related documentation.
	I understand it is my responsibility to notify my employer when an enrolled dependent is no longer eligible for coverage due to age or school enrollment.
	Signature of Enrolled Employee State of Ohio User ID
Swo	rn to before me and subscribed to in my presence thisday of,,
Nota	ary Public
Mv c	commission expires ,