



Verification of Student Status Form

**PLEASE DO NOT STAPLE **

Thank you

1. Member information:

Member name: _____
Member ID: _____
Contact number*: _____

*If there are issues with this request or we need more information, it's important that we have a current way to contact you.

2. Dependent information:

Child name: _____
Relationship: _____
Child date of birth: _____

3. Is the dependent identified above enrolled as a full-time student?

Yes [] No []

Michelle's Law: Not attending due to illness or injury []

If your child is not attending school due to illness or injury, please check the box above and we will send you the application package.

If your dependent is enrolled as a full-time student, complete the rest of this form. If no, please continue to signature page.

Student attending Fall term from: ___/___/___ to: ___/___/___

Student attending Spring term from: ___/___/___ to: ___/___/___

4. My dependent is currently enrolled as a full-time student.

Full-time status is based on the educational institution definition. We added this definition at the end of this form for your convenience.

Number of hours/credits enrolled: _____

Name of school: _____

Street address/ P.O. box: _____

City, state, zip code: _____

Phone number: _____

Comments: _____

5. You'll also need to send us one of the following as valid proof of current student status to Aetna.

- a. A letter from the school's registrar's office
b. A copy of the current tuition statement
c. A copy of your cancelled check for tuition
d. A copy of the student schedule

6. If your dependent is currently covered under Dental-Vision-Audio (DVA) do you want to maintain this coverage?

Yes

No

I understand that if my dependent was terminated from my coverage due to a delayed response to the full-time student status inquiry, retroactive premiums for my dependent's DVA coverage may be due.

If my dependent is reinstated to the medical plan with a gap in coverage due to temporary loss in full-time student status, DVA coverage cannot be reinstated by checking the box on this form. The following will apply:

Changes to DVA elections, including your dependent's enrollment or reenrollment in DVA, can be requested within 120 days of the effective date of your dependent's reinstatement by submitting a Retiree Health Dependent Change form to the Division of Retirement and Benefits available at, <https://drb.alaska.gov/docs/forms/02-1854r.pdf>. DVA election changes will be effective the first of the month following receipt of your written request. For questions regarding DVA coverage, please contact the Division of Retirement and Benefits at 1-800-821-2251 or by email at doa.drb.mscc@alaska.gov.

Please fill out all pages of this form and include a valid proof of current student status. You can mail or fax it to Aetna:

Mail: Aetna AlaskaCare FTS
2525 C St., Ste. 205
Anchorage, AK 99503

Fax: 1-860-975-0971

What is an accredited educational institution?

The term "educational institution" means a school maintaining a regular faculty and established curriculum, and having an organized body of students in attendance. It includes primary and secondary schools, colleges, universities, normal schools, technical schools, mechanical schools, and similar institutions, but does not include non-educational institutions, on-the-job training, correspondence schools, or night schools.

How do I know if my child is attending an accredited educational institution?

To verify that the institution is accredited the following website may be consulted: <http://www.CHEA.org/> or <https://ope.ed.gov/dapip>. It is your responsibility to confirm that the educational or technical institution that your child is attending is accredited and recognized by the Department of Education and Early Development.

By completing this verification, I acknowledge that a person who knowingly makes a false statement or falsifies or permits to be falsified, a record of the AlaskaCare Retiree Health Plan in an attempt to defraud the plan, is guilty of a Class A Misdemeanor, which upon conviction, is punished by a fine of not more than \$500 or by imprisonment for not more than twelve months or both (AS 39.35.670: AS 11.56.210). I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and or penalties from the system unlawfully may also be required to make restitution.

I understand that when my child graduates or if my child does not finish the school year, I will notify the State of Alaska of the change in Status immediately.

Member's signature

Date

We're here to help

If you have questions contact Aetna Concierge at (855) 784-8646. Or, log on to www.aetna.com and select "Contact Us" from the Support menu.

Or, give us your email address for an electronic receipt confirmation: _____

Confirmation may take between 7-10 business days after receipt of verification.