

# SEIU 668

PSSU LOCAL UNIT HEALTH & WELFARE FUND

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KATHY JELLISON, CHAIR

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## STUDENT CERTIFICATION FORM

**NOTE: Certification is required twice each year. Your dependent will be termed if this form is not returned by 1/1 for the Spring Semester or by 9/1 for the Fall Semester.**

### Member Information:

Member Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

\_\_\_\_\_

### Dependent Child Information:

Dependent's Name: \_\_\_\_\_

Dependent's Social Security #: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Institution Attending: \_\_\_\_\_

This is certification that the above listed student is currently attending this institution and is registered as a :

\_\_\_\_\_ Full-time student \_\_\_\_\_ Undergraduate student

\_\_\_\_\_ Part-time student \_\_\_\_\_ Graduate student

Date of first semester enrolled: \_\_\_\_\_

Current semester enrolled from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature & Title

COLLEGE SEAL:

(or attach verification letter on letterhead)

Health & Welfare Fund Use Only:

Current Semester:

FALL SPRING YEAR \_\_\_\_\_

Benefits Providers:

Notified \_\_\_\_\_

Aware

# PSSU Local Unit Health and Welfare Fund

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## STUDENT CERTIFICATION

You may apply for student certification to continue your dependent's coverage between ages 19 and 23 if the following requirements are met.

Your dependent:

- ..... is attending an accredited institution on a full-time bases.
- ..... meets the definition of an unmarried dependent child.
- ..... does not work full-time.
- ..... if you provide other evidence to support child dependency status, your child may be eligible.

Note: "attending" includes periods of time over the summer; consecutive semesters; and over a vacation period provided the student returns to school for the very next regularly scheduled semester and re-certifies with the PSSU Local Unit Health and Welfare Fund as required.

### **Applying for Student Certification**

To continue coverage, the reverse side must be completed and signed by the member and the accredited institution and returned to the PSSU Local Unit Health and Welfare Fund. Failure to return this form will result in termination of your child's coverage.

**NOTE: Certification is required twice each year.**

***Your dependent will be termed if this form is not returned by 1/1 for the Spring Semester (eff. 1/1) or by 9/1 for the Fall Semester, (eff. 7/1).***

### **COBRA Coverage**

If or when your child no longer meets the eligibility requirements shown above, he/she has the right to continue coverage on a self-pay basis for up to 36 months. This is a right granted under the Federal Consolidated Omnibus Budget Reconciliation Act, known as COBRA.

To qualify for the COBRA continuation coverage, you or your dependent must notify the PSSU Local Unit Health and Welfare Fund within 60 days of loss of full-time dependent student eligibility. Contact the Fund to request a COBRA continuation notice and election form, and return it to the PSSU Local Unit Health and Welfare Fund.

### **Totally and Permanently Disabled Children**

If your child will soon be age 19 and is totally and permanently disabled, you may apply for disabled dependent status. Contact the PSSU Local Unit Health and Welfare Fund for further information.