IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Full-Time Student Certification Form 2027 Open Enrollment

Employee Name:_____ Employee ID: _____

Dependent Name:_____ Date of Birth: _____

Eligibility:

- Full-time students that are unmarried and over the age of 26 may be covered on your medical and/or dental insurance.
- These students are eligible for coverage through the end of the month in which they are no longer a full-time student or they get married.
- Undergraduate students qualify as full time if they are registered for 12 credit hours per semester. Graduate students may qualify as full time if they are registered for nine credit hours per semester. We accept each institution's definition of a full-time student.

Does your dependent meet the above eligibility requirements of a full-time student?

☐ Yes Expected graduation date: _____

☐ No

Is the dependent married?

☐ Yes If yes, what is the date of marriage? _____

☐ No

Enroll my dependent in **Medical** insurance.

☐ Yes

☐ No

Enroll my dependent in **Dental** insurance.

☐ Yes

☐ No

Tax Consequences:
Only certain individuals, other than yourself and your spouse, may receive medical and/or dental insurance on a tax-favored basis. If your full-time student does not qualify as your tax dependent, per the IRS, you will be taxed on the fair market value for the dependent's coverage. This excess value will be included in your gross income. For additional information about tax consequences, refer to Tax Treatment of Health and Dental Insurance. If you have any questions, contact your tax advisor or your Human Resources Associate (HRA).

☐ Yes, this student qualifies as my dependent for federal and state income tax purposes. **NEW!** If yes, documentation is required. Submit a copy of your Form 1040 from your prior year's federal tax return with your student's name listed. Sensitive information can be redacted.

☐ No, this student does not qualify as my dependent for federal and state income tax purposes.

Hoover State Office Building | 1305 East Walnut Street | Des Moines, IA 50319 | 515.242.5120 | das.iowa.gov

Your Action is Needed:
To enroll your unmarried, over the age of 26, full-time student in medical and/or dental insurance, **please return the following to your HRA by October 23, 2026.**

- Completed *Full-Time Student Certification Form 2027 Open Enrollment*
- A copy of the transcript or class schedule showing the number of registered credit hours for the January 2027 or Spring 2027 semester
- If your full-time student qualifies as your dependent for federal income tax purposes, documentation is required

Documentation must be submitted annually for a full-time student to be enrolled in medical and/or dental insurance. **If all required documentation is not submitted by October 23, 2026, your dependent will be removed from your coverage on December 31, 2026.**

Important:
If at any time during the year, your dependent is no longer registered for classes full time, has graduated or gets married, they will no longer be eligible to remain covered on your medical and/or dental insurance. **It is your responsibility** to notify your HRA in writing within 30 calendar days and submit a benefit change in Workday. Taxables will be removed effective the first of the month following the notification in writing to your HRA.

For additional information, refer to Full-Time Student Certification.
If you have any questions, please contact your Human Resources Associate (HRA).

Certification:
I am providing this information to my employer for insurance enrollment and tax reporting purposes. By signing and submitting this form, I certify that all of the statements on this form are true. I understand that my employer will rely on this information to calculate the taxability of coverage provided for my full-time student.

In addition, I certify that this full-time student is not married. If my full-time student's status changes, I will notify my employer immediately by submitting that information in writing to my HRA. I understand that taxables will only be removed upon my notification in writing to my HRA of my full-time student's status change.

Employee's Name (Printed): _____

Employee's Signature:_____Date: _____

Please submit this completed form and the required documentation to your HRA.