

Full-Time Student Certification Status Form for 2026 Benefits

**Important Notice Regarding Your dependent's insurance coverage.
Failure to respond will result in loss of coverage.**

Please remove my dependent, who is NOT recertifying.

Dependent Name: _____

Complete the following information to enroll your unmarried full-time student dependent over age 26:

Student Name: _____ Date of Birth: _____

Does the dependent meet the definition of a full-time student?

☐ No

☐ Yes. Usually 12 credit/semester hours is considered full time. We accept each institution's definition of a full-time student.

Expected Graduation Date: _____

Is the dependent married?

☐ No

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

Please Note:

Once a full-time student is no longer enrolled in full time classes or has graduated, they are no longer eligible to remain covered under the insurance policy(s) as a full-time student. **It is the employee's responsibility** to notify the HRA in writing within 30 calendar days and process the change as a qualifying life event in Workday.

Tax Consequences:

Only certain individuals (other than yourself and your spouse) may receive medical and dental coverage on a tax-favored basis. If the full-time student you wish to enroll does not currently qualify as your tax dependent per the IRS, you will be taxed on the fair market value of dependent coverage. This excess value will be included in your gross income. Please see your Human Resources Associate for more detailed information including the [table](#) showing these taxable amounts. You may also want to visit with your tax advisor.

☐ **No**, this student does not qualify as my dependent for federal [income tax purposes](#).

☐ **Yes**, this student qualifies as my dependent for federal [income tax purposes](#).

Enroll my dependent in **Medical coverage**.

☐ Yes

☐ No

Enroll my dependent in **Dental coverage**.

☐ Yes

☐ No

Quick Facts:

- If your dependent is unmarried and a full-time student and you wish to continue coverage for this dependent, **return this certification form to your Human Resources Associate by October 24, 2025.**
- You must also include transcripts or class schedules as documentation of full-time student status for dates beginning January 2026.
- **If all requested information is not provided by October 24, 2025, the dependent will be terminated from the State's plan(s) on December 31, 2025,** and you will not be allowed to add this dependent onto the State's plan(s) until the Open Enrollment period for 2027 benefits (if eligible) unless there is a [qualified life event](#) affecting coverage for this dependent.

Certification:

I am providing this information to my employer for insurance enrollment and tax reporting purposes. By signing and returning this form, I certify that all of the statements above are true and I have reviewed the fact sheet on the next page. I understand that my employer will rely on this information to calculate the taxability of coverage provided to my full-time student over age 26.

In addition, I certify that this full-time student is unmarried. If my full-time student's status changes, I will notify my employer immediately by submitting that information, in writing, to my Human Resources Associate. I understand that taxables will only be removed upon my notification in writing to my HRA of my full-time student's status change. Taxables will be removed effective the first of the following month.

Employee Name (Printed): _____

Employee Signature: _____ **Date:** _____

Please review and sign Fact Sheet on next page

FACT SHEET Full-Time Student Certification Status Form

Eligibility:

- Your **unmarried** full-time student over age 26 may be covered on your group insurance plan.
- These students are eligible for coverage through the end of the month in which they marry or are no longer full-time students.
- Undergraduate students qualify as full time if carrying 12 credit hours per semester. Graduate students must carry 9 hours per semester to be considered full time.
- Please review the list of documents you may use as examples of acceptable proof of Full-Time Student Certification Status.

Enrollment:

- You must complete the *Full-Time Student Certification Status* form before you can enroll the student(s) on your insurance plan.
- This form must be completed and returned to your [Human Resources Associate](#).
- Students may be added to your health and/or dental plan during the annual Open Enrollment period in the fall.
- Once enrolled, you cannot cancel their coverage until the next Open Enrollment period unless there is a [Qualified Life Event](#). Once the full-time student has graduated or marries, they must be removed from coverage by notifying your HRA in writing of any such changes.

Tax Consequences:

- Under federal tax law, the State must calculate the fair market value of the student coverage if your full-time student does not currently qualify as your tax dependent. This amount will be added to your gross income and subject to federal and state tax withholding, FICA, and will be reported on your W-2 Form.
- For additional information on tax consequences please see [Tax Treatment of Health and Dental Insurance](#)

Health Flexible Spending Account:

- Expenses for a non-qualified student may **not** be claimed under the [Health Flexible Spending Accounts \(FSA\)](#).

COBRA Coverage:

- The covered dependent has 36 months of COBRA eligibility. An annual mailing is sent to those qualifying for [COBRA](#).

By signing below, you acknowledge that you have read and understand all contents of the fact sheet.

Employee Signature: _____ Date: _____