



# Certification of Full-Time Student Status

You may enroll your **unmarried** full-time student over age 26 on your insurance plan. Enrollment is subject to all of the State of Iowa Group Insurance Plan rules and regulations. Once you enroll your full-time student, you will not be able to cancel their coverage until the next annual Enrollment and Change Period unless there is a qualifying event that would allow for cancellation. Proof of full-time student status (most recent semester transcript or class schedule) must be submitted with this form if the student is being added outside the annual enrollment and change period.

## 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 Personnel Assistant for more detailed information including a table showing these taxable amounts. You may also want to visit with your tax advisor. Please see the reverse side for more information.

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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Yes, this student qualifies as my dependent for federal income tax purposes.

\_\_\_\_\_ No, this student does not qualify as my dependent for federal income tax purposes.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Yes, this student qualifies as my dependent for federal income tax purposes.

\_\_\_\_\_ No, this student does not qualify as my dependent for federal income tax purposes.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Yes, this student qualifies as my dependent for federal income tax purposes.

\_\_\_\_\_ No, this student does not qualify as my dependent for federal income tax purposes.

***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. 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 Personnel Assistant.***

Employee Name (Printed): \_\_\_\_\_ Last Four Digits of Your SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Please submit completed form to your Personnel Assistant**

# FACT SHEET

## Certification of Full-Time Student Status

### 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.

### Enrollment:

You must complete the *Certification of Full-Time Student Status* form requesting enrollment and verifying tax dependent status before you can enroll the student(s) on your insurance plan. This form must be completed and returned to your Personnel Assistant. These students may be added to your health plan during the annual open health enrollment and change period. Once enrolled, you will not be able to cancel their coverage until the next open health enrollment and change period. These students may not be added to your dental plan unless there is a negotiated OPEN dental enrollment period. The only exception to these enrollment opportunities would be with a qualified life event.

### Tax Consequences:

Under federal tax law, if your full-time student does not currently qualify as your tax dependent, the state will calculate the fair market value of the student coverage. This amount will be included in your gross income and will be subject to federal withholding and FICA and be reported on your W-2 Form. This taxable benefit amount will be shown on your on-line warrant as pay in the Taxable Benefit field and subtracted in the Maintenance field. On the condensed pay stub it will be shown added and subtracted under the Maintenance field. This action will be taken once a month on the warrant in which the state share of insurance is deducted (the first pay date of each month).

### Premium Amount:

The family premium amount does not change because you are covering these students. However, if the student does not qualify as your tax dependent, you will pay tax on the fair market value of student coverage as stated above. This taxable income amount varies by plan and number of the students you wish to enroll. See your Personnel Assistant or the DAS Web site at <http://benefits.iowa.gov/>.

### Health Flexible Spending Account:

Expenses for a non-qualified tax student may **not** be claimed under the Health Flexible Spending Account.

**If you have additional questions, please see your Personnel Assistant.**