DELTA DENTAL

Full-time Student Dependent Certification Form

Delta Dental provides coverage for over-age dependents as long as they remain full-time students maintaining at least twelve credits per semester. Please confirm full-time student status by providing the requested eligibility information for the dependent(s) that should be covered as full-time students:

Dependent Name	Date of Birth	Name of College or Institution Where Dependent is Enrolled	Institution Phone Number	Number of Credits

_____

Member Signature Date

_____

Print Member Name

_____

Group Number Subscriber ID
Located on ID Card

Please sign above to acknowledge the information provided is accurate and mail the completed form to:

OPEIU Local 6
77 Parkingway
Quincy, MA 02169

Or Fax to: 617-984-5882 (if faxing, do not mail form)