

2009 Student Certification

Requirements for dependent student coverage:

- Full-time student in an accredited institution attending at least 12 units
- Dependent upon employee for support
- Unmarried
- Under 25 years of age (except HealthNet to age 24)

EMPLOYEE NAME	EMPLOYER NAME	PIBT ACCOUNT NO.
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DEPENDENT'S NAME	BIRTHDATE	SOCIAL SECURITY #
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SCHOOL NAME	STUDENT I.D.#	SCHOOL YEAR
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SCHOOL ADDRESS	CITY, STATE, ZIP	CURRENT # OF UNITS
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I certify that the dependent shown above meets all of the requirements for coverage on my account as a full-time student. I understand the Health Plan coverage for this dependent will terminate on the first day of the month following the date that any one of these requirements is no longer met. I also understand that I must notify Printing Industries Benefit Trust within 30 days, if the dependent shown above loses eligibility.

EMPLOYEE SIGNATURE	SOCIAL SECURITY NUMBER	DATE
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