

Rocky Mountain UFCW Unions & Employers Health Benefit Plan

ADMINISTRATION OFFICE

P.O. Box 447 • Arvada, CO 80001-0447 • (303) 430-9334

FULL TIME STUDENT VERIFICATION FORM

Your medical benefits provide coverage for an eligible stepchild or child for whom you have been awarded custody and control who are full time students through December 31st of the year in which they attain age 23. If such dependent is between age 19 and 23 and is a full time student, please complete and return this form. In addition, your natural child, legally adopted child or a child placed with you for adoption may continue to be covered as a dependent under the Plan until the last day of the month such child attains age 26.

Please note: This form must be completed by the employee and the school (*school representative must sign form-see page 2*)

GROUP # 032 Rocky Mountain UFCW Unions & Employers Health Benefit Plan

EMPLOYEE NAME: _____ SSN _____

ADDRESS: _____

DEPENDENT (STUDENT) NAME: _____ BIRTHDATE _____

SCHOOL TERM: QUARTER/SEMESTER _____ YEAR _____

PLEASE FORWARD TO THE APPROPRIATE COLLEGE OR UNIVERSITY

TO: _____
Name of College or University

You are authorized to release the information requested below relative to my full-time status.

Student Signature	Date
Student Name	SSN

	YES	NO
Student is/was a full time student during quarter/semester _____ 20 ____		
Student completed the school term listed above.		
If did not complete term, give last date of attendance _____		
Enrollment was for _____ units (credits, hours, etc.)		
Requirement for full-time status is _____ units.		

SIGNED _____ DATE _____

TITLE _____

ADDRESS _____

PLEASE RETURN FORM TO PLAN OFFICE AT ADDRESS ABOVE.

Michelle's Law Notice

Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence

Effective as of May 1, 2010, Michelle's Law applies to the Rocky Mountain UFCW Unions & Employers Health Benefit Plan (the "Plan"). Michelle's Law provides that a dependent over age 19 covered as a full-time post-secondary (*i.e.*, not high school) student under the Plan who loses their student status because they take a medically necessary leave of absence from school may continue to be covered under the Plan for up to one year after the first day of the leave of absence.

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary (*i.e.*, after high school) educational institution, or any change in enrollment of the child at the institution, that:

1. begins while the child is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the child to lose student status for purposes of coverage under the Plan.

The coverage provided to dependent children during any period of continued coverage required under Michelle's Law will be the same coverage provided to dependent students over age 19 that remain enrolled in school.

If you believe your child is eligible for this continued coverage, the child's treating physician must provide a written certification to the Plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

Please contact the Plan office if you have any questions regarding Michelle's Law and its application to your dependent child.