



## Verification of Student Status Form

Subscribers with dependents ages 19-22 must completely fill out this form, even if dependent is not a full-time student. Incomplete forms may result in dependent termination or overpayment of premiums.

Subscriber Information	
Subscriber Name:	
Aetna WID Number:	
Contact Phone Number:	
Email Address:	

Child Dependent Information	
Dependent Name:	
Date of Birth:	
My dependent is married	<input type="checkbox"/> Yes <input type="checkbox"/> No
My dependent is chiefly dependent upon me for financial support	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Please select and complete one of the following four sections:

**Attending an accredited educational institution on a full-time basis**

Please refer to the resources provided at the bottom of this page for help in determining whether an institution is accredited.

Term:  Fall  Winter  Spring  Summer

Start of Term: \_\_\_\_\_ End of Term: \_\_\_\_\_

Name of School: \_\_\_\_\_

Attending Full-Time?:  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_

If your dependent is currently covered under Dental-Vision-Audio (DVA), do you want to maintain this coverage?  Yes  No

I understand that if my dependent was termed from my coverage due to a delayed response to the full-time student status inquiry, retroactive premiums for my dependent's DVA coverage may be due. \_\_\_\_\_

**Please Initial**

If retroactive premiums are due, I would like to:

Pay in lump sum (deducted from future pension check)  Pay in installments (deducted from future pension checks) for \_\_\_ months

**Not attending as a leave of absence due to illness or injury (Michelle's Law)\***

**Not attending due to disability and is considered incapacitated\***

\*For Michelle's Law and Incapacitated dependents: If selected Aetna will send you a packet for completion.

**Not attending school on a full-time basis**

Last day dependent was enrolled as a full-time student: \_\_\_\_\_

### Important, Please Read

#### Dental-Vision-Audio (DVA) Coverage:

**If my dependent is reinstated to the medical plan with a gap in coverage due to temporary loss in full-time student status, DVA coverage cannot be reinstated with this form.**

The following will apply:

Changes to DVA elections, including your dependent's enrollment or reenrollment in DVA, can be requested within 120 days of the effective date of your dependent's reinstatement by submitting a Retiree Health Dependent Change form to the Division of Retirement and Benefits, available at <https://drb.alaska.gov/docs/forms/02-1854r.pdf>. DVA election changes will be effective the first of the month following receipt of your written request. For questions regarding DVA coverage, please contact the Division of Retirement and Benefits at 1-800-821-2251 or by email at [doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov).

**What is an accredited educational institution?**

To verify that the institution is accredited, the following websites may be consulted: <http://www.CHEA.org> or <https://ope.ed.gov/dapip>. It is your responsibility to confirm that the educational or technical institution that your child is attending is accredited and recognized by the Department of Education and Early Development.

By completing this verification, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the AlaskaCare Retiree Health Plan in an attempt to defraud the plan, is guilty of a Class A Misdemeanor, which upon conviction, is punishable by a fine of not more than \$500 or by imprisonment for not more than twelve months or both (AS 39.35.670: AS 11.56.210). I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and or penalties from the system unlawfully may also be required to make restitution. I understand that when my child graduates or if my child does not finish the school year, I will notify the State of Alaska of the change in status immediately.

\_\_\_\_\_  
Subscriber Signature

\_\_\_\_\_  
Date

**We're here to help**

If you have questions, contact Aetna Concierge at (855) 784-8646. Or, log on to [www.aetna.com](http://www.aetna.com) and select "Contact Us" from the Support menu.

If preferred, you may instead print and submit this form by mail or fax:

Mail: Aetna AlaskaCare FTS  
2525 C St., Ste. 205  
Anchorage, AK 99503

Fax: 1-860-975-0971