



AFFIDAVIT FOR CONTINUING DEPENDENT FULL-TIME STUDENT COVERAGE

In order to qualify for continuing Dependent Full-Time Student coverage, the Dependent must have established eligibility by being enrolled and attending a degree or certification program offered by an accredited academic institution or an accredited vocational school on a full-time basis. Upon completion of an undergraduate (bachelor's) degree program, and following enrollment in, but prior to the commencement of, full time graduate studies for an advanced academic degree (including master's, doctoral, and professional degrees), ongoing eligibility will be maintained provided this Affidavit is completed and returned with a letter of acceptance of Dependent into a graduate program from the institution.

Participant's Full Name (Please Print or Type)

Participant's Contract Number

Dependent Student's Full Name (Print or Type)

Dependent Student's Date of Birth

Dependent Address, City, State, Zip (if different than participant)

This will serve as notice and verification to MCTWF that Dependent satisfies all of the above stated requirements for qualification for continuing Dependent Full Time Student coverage:

Name of Educational Institution (Please Print or Type)

Address, City, State, Zip

Minimum Credit Hours Required by Above Institution for Full-Time Status

We understand that once the grading period commences, a Full-Time Student Eligibility Verification Form must be completed (after the drop deadline date*) and submitted to MCTWF and that failure to do so will result in retroactive termination of eligibility, back to the date of Dependent's graduation from his/her college or university. We understand that in such case, we, both jointly and individually, will hold MCTWF harmless for any health and welfare services and expenses incurred by Dependent following the date of said graduation, including the immediate reimbursement of MCTWF for any related plan benefit expenses paid.

Participant's Signature

Date

Signed and sworn to before me in _____ County, _____ (State), on this ____ day of _____, 20 ____.

Notary Public

My Notary Expires:

Dependent's Signature

Date

Signed and sworn to before me in _____ County, _____ (State), on this ____ day of _____, 20 ____.

Notary Public

My Notary Expires:

PLEASE NOTE: All fields of this Affidavit must be completed and submitted to MCTWF, accompanied by a letter of acceptance into a full time graduate degree program. If any fields are not completed, the Affidavit will be returned and determination of ongoing dependent eligibility will be delayed.

* The drop deadline date is defined as the last date the student is entitled to a 100% refund for a course.