

Student Status Verification

Please mail the completed form to the address below. Thank you for your cooperation.

HealthSmart Benefit Solutions ■ P.O. Box 99004 ■ Anchorage, AK 99509-9004

Toll Free 877.517.6370 or TDD 877.517.6416 ■ Fax: 855.328.5176

Verification of student status is required when first enrolling semi-annually (Fall – request in August, Spring – request in December).

Member Information

Name (First, Initial, Last)		Member ID (Required)	
Street Address / P. O. Box			
City	State	ZIP	
Employer		Group Number	
AlaskaCare		<input type="radio"/> 5851 Actives <input type="radio"/> 5852 Retirees	

Dependent Information

Dependent Name		Dependent Social Security Number	
Dependent Date of Birth			

Based on the eligibility requirements of your plan, it is necessary for you to verify the status of your dependent child who has reached or exceed the maximum age limit to remain on the plan.

If your child is attending an accredited educational or technical institution that is recognized by the US Department of Education and Early Development (see reverse for details), complete and return this form to HealthSmart Benefit Solutions.

If your child no longer meets the eligibility requirements for coverage, you may still continue health care benefits at your expense through the COBRA continuation program. To initiate continued coverage you must contact the Alaska Division of Retirement and Benefits within 60 days of the date your child first fails to meet any of the eligibility requirements under the terms of the plan.

My Dependent Child is:

- | | |
|---|---|
| <input type="radio"/> Over the age of 19 and is attending school | <input type="radio"/> Half-Time Student |
| <input type="radio"/> Totally and permanently disabled. Please send me the appropriate form and instructions | <input type="radio"/> Full-Time Student |
| <input type="checkbox"/> so I may furnish proof of my child's incapacity in order to continue coverage under my plan. | |

Name of School		Number of Hours Enrolled	
Street Address / P. O. Box			
City	State	ZIP	

Student Attending Fall Semester From ____/____/____ to ____/____/____

Student Attending Spring Semester From ____/____/____ to ____/____/____

Under federal law, claims may also be eligible for payment if a dependent was previously considered a full-time or half-time student, but, under the direction of a physician, stopped attending school because of a serious illness/injury.

Please contact the Division of Retirement and Benefits for information about COBRA continuation of coverage if your dependent has reached the plan's limiting age, but is not a full-time student or half-time student.

Certification

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 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 benefits from the System unlawfully may also be required to make restitution.

Member's Signature	Date

It is the member's 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. Below are links and instructions to assist you in this verification process.

Council for Higher Education Accreditation <http://www.chea.org/default.asp>:

1. Select "Databases and Directories"
2. Select "Database of Institutions and Programs Accredited by Recognized by U.S. Accrediting Organizations"
3. Agree to terms and conditions
4. Enter Institution Name, State/Territory and Country
5. Click on "Search for Institution" to get your results

**U.S. Department of Education Recognized Institutions Database (Federal School Code Search Database)
<http://www.fafsa.ed.gov/FOTWebApp/FSLookupServlet>:**

1. Select the school year in question from the drop down box
2. Select "Search" (do not select "verify")
3. Select "Next"
4. Select the state the school is located in by selecting from the drop down menu. If your school is located outside of the U.S. select "Foreign Country" from the drop down menu.
5. Enter the name of the school in the appropriate field. If the school is a recognized institution, the school name, address and numerical code will be returned. If the school is not a recognized institution the message "Found No Schools" will be the result.

NOTE: To see all schools in a particular state you may select the state from the "What State Is The School Located In" drop down menu, leave the school name field blank, select "Next" to get the full list for that state. To see all foreign schools, choose "Foreign Country" from the "What State Is The School Located In" drop down menu, leave the school name field blank, select "Next" to get the full list.