



Student Status Verification Form

Member Information

Member Name _____
 Member ID _____
 Member Phone Number _____

Dependent Information

Child Name _____
 Relationship _____
 Child DOB _____

The dependent identified above is enrolled as a student for the following semester:

Student Attending Fall Semester:	From: / /	To: / /
Student Attending Spring Semester:	From: / /	To: / /

My dependent is currently enrolled as a Full-Time (FT) Student.

FT status is based on the educational institution definition (see below).

Number of Hours Enrolled _____
 Name of School _____
 Street Address/P.O. Box _____
 City, State, Zip Code _____
 Phone Number _____

Please return this completed form along with one of the following as valid proof of current student status to Aetna at the address listed below:

- A letter from the school's registrar's office
- A copy of the current tuition statement
- A copy of your cancelled check for tuition
- A copy of the student's schedule

The term "educational institution" means a school maintaining a regular faculty and established curriculum, and having an organized body of students in attendance. It includes primary and secondary schools, colleges, universities, normal schools, technical schools, mechanical schools, and similar institutions, but does not include non-educational institutions, on-the-job training, correspondence schools, or night schools. 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. To verify that the institution is accredited the following Web site may be consulted: <http://www.CHEA.org/> or <http://www.FAFSA.ed.gov/>.

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 punished 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 if my child does not finish the school year I will notify the State of Alaska of the change in status immediately.

Member's Signature

Date

If you have further questions, please contact Aetna Concierge at (855)784-8646, or log on to www.aetna.com and select "Aetna Navigator" and "Contact Us."

Return this form (along with the letter) to Aetna:

Aetna, c/o Meritain Health, an Aetna Company
Attention: State of Alaska Team
2525 C Street, Suite 205
Anchorage, AK 99503

Fax: (860) 975-0971