

DEPENDENT CERTIFICATION FORM

Subscriber's name: _____

Subscriber's Tufts Health Plan ID number: _____ - _____ - _____

I certify that: _____ / ____ / ____
(Name of dependent) (Date of Birth)

(Please check one)

Is currently a FULL TIME STUDENT

At: _____ (Name of accredited educational institution)

(Institution address)

(Institution City, State and Zip)

(Registrar's telephone number)
Expected date of graduation from college: ____ / ____

Is not a full-time student

If not a full time student, please complete the question below so that Tufts Health Plan can determine the appropriate coverage end date as determined by Massachusetts State Law.

What calendar year was the above named person last qualified as a dependent as defined under the Internal Revenue Service (IRS) code? _____

I further certify that the information I have provided above is true and correct, and that I understand that:

- **Tufts Health Plan may contact the educational institution and take any other steps it feels necessary to verify the accuracy of the information I have provided.**
- **If there is any misrepresentation in the information I have provided, Tufts Health Plan may end my dependent's coverage as well as my entire family's coverage, and may seek any other legal remedies available.**

Subscriber's signature: _____

Date: _____

(Must be Employee's signature)

Please return this completed and signed form to:
Tufts Health Plan
Commercial Enrollment and Premium Billing Department
P.O. Box 9186, Watertown, MA 02471-9186
Fax: 617-923-5898

Beginning January 1, 2007, Massachusetts State Law requires family policies (for Fully Insured Plans) to include coverage for children up through the age of 25 (26th birthday) or for two years past the child's loss of dependent status under the Internal Revenue Code, whichever occurs first.

Tufts Health Plan requires dependent age members to certify their dependent status, based on the guidelines set by the Internal Revenue Service, in order to determine the appropriate dates of coverage.

Recognizing that dependent status can change, Tufts Health Plan will continue to request annual dependent status certification until the actual coverage termination date is reached.