OhioDAS
STATE OF OHIO

Affidavit of Student Status

Agency Name: _____

Dependent Date of Birth: _____

I, _____, after first being duly cautioned and sworn, state that:
(Name of Enrolled Employee)

My unmarried dependent _____ is 19-22 years of age, and attends
(Name of Dependent)

_____.
(Name of Accredited School)

I have attached:

☐ A letter from the registrar with dependent's name, school name, school phone number and statement of dependent's current term enrollment.

OR

☐ An official transcript with dependent's name, school name and semesters/quarters enrolled that include the current term.

OR

☐ A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term. (http://www.studentclearinghouse.org/)

If the birthday occurs during a standard school break, (e.g. summer), the attached document of choice must show enrollment in the previous term.

This section must be completed

☐ I understand that knowingly providing false or misleading information in this Affidavit may result in any or all of the following actions by the State of Ohio: 1) loss of coverage; 2) disciplinary action, up to and including removal; 3) collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible dependents; and/or 4) civil and/or criminal prosecution.

☐ I also understand that I may be required to supply copies of documentation such as certified birth certificate(s), front/last page of income tax returns and other related documentation.

☐ I understand it is my responsibility to notify my employer when an enrolled dependent is no longer eligible for coverage due to age or school enrollment.

_____ _____
Signature of Enrolled Employee Employee Identification Number

Sworn to before me and subscribed to in my presence this _____ day of _____, _____

_____
Notary Public
My commission expires _____, _____.