

**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

\_\_\_\_\_  
State of Ohio User ID

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

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, \_\_\_\_\_.