



Annual 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
(Name of Dependent)
attends _____.
(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 or previous term enrollment

OR

- A transcript with dependent’s name, school name, and semesters/quarters enrolled that include current or 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 _____, _____.