



Bowling Green State University

### Full-Time Student Status Form

Office of Human Resources · 100 College Park · Bowling Green, OH 43403  
419-372-2112 (Phone) · 419-372-2920 (Fax)

**COMPLETION OF THIS FORM IS REQUIRED EACH SEMESTER FOR EACH DEPENDENT BETWEEN THE AGES OF 20 AND 24.** Claims may be delayed or denied if new form is not filed with the Benefits Office.

A full-time student dependent is eligible to be covered under your health insurance if he/she meets all of the following qualifications.

- 1) Unmarried- having never been married
- 2) 20 years old but less than 25
- 3) Attending an accredited college, university, or trade school on a full-time basis (full-time as defined by the school)
- 4) Depends upon the employee for financial support

EMPLOYEE and DEPENDENT INFORMATION (Please Print)			
Employee Last Name	First Name	MI	BGSU ID#
Student Last Name	First Name	MI	Student ID # or Student SSN
Student Date of Birth			
<p>I understand that if the above mentioned dependent is no longer a full-time student, he/she no longer qualifies for coverage under my health care plan. Therefore, coverage for the above dependent will be terminated. This dependent may be offered up to 36 months of coverage extension upon termination. I further understand I may later apply to re-enroll this dependent through the Benefits Office if this dependent returns to a full-time student status before age 25.</p>			
Employee Signature		Date	
TO BE COMPLETED BY ATTENDING COLLEGE REGISTRAR			
Name of School			
Address			
City	State	Zip	School Phone Number
Start date of current semester		End date of current semester	
Is the student named above a full-time student as defined by your Institution?			
Signature of Registrar		Date	