



Teachers Health Trust

P.O. Box 96238, Las Vegas, Nevada 89193-6238

Providing Service to Participants at: 2950 East Rochelle Avenue, Las Vegas, Nevada 89121

Phone: (702) 794-0272

Fax: (702) 794-2093

E-mail Address: serviceteam@teachershealthtrust.org

Dear Participant:

Teachers Health Trust records indicate that your never-married dependent child, , exceeds 19 years of age. In order for your dependent(s) to be eligible as a full-time student under the Teachers Health Trust, it will be necessary for you to provide the Trust with documentation of student status for each semester or quarter.

The definition of a full-time student under the Teachers Health Trust plan is enrollment in at least 12 credit hours per semester or quarter or full-time as defined by the educational institution being attended. You may have the school complete the enclosed verification form or you may submit proof of full time student status form or letter from the school or an authorized agent of the school. **Class schedules and/or statements are not acceptable.**

The certification, the employee certification of dependent eligibility, and the attached Coordination of Benefits form must be returned no later than February 12, 2008. If not returned by this date, your dependent's coverage will be terminated effective February 29, 2008. If you know that your dependent will no longer meet the eligibility requirements of the Trust, please return the enclosed letter. Coverage will be terminated effective February 29, 2008. Once the appropriate documentation is received, the Trust will send you a confirmation letter. **If you do not receive a confirmation letter, please call the Trust office to confirm that your documents were received. It is your responsibility to confirm that the documentation has been received by the Trust.**

If your dependent is mentally and/or physically handicapped, causing him/her to be incapable of self-sustainment, and is solely dependent upon you (as defined by IRS Tax Rules), additional documentation is required. Please call 866-6111 and select option 6 to request the appropriate forms.

If your dependent's coverage is terminated, he/she may be eligible for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). An election form and information regarding COBRA coverage will be sent directly to your dependent. Please notify the Trust if your dependent's address is different.

If you have any questions or require additional information, please contact the Service Department at 794-0272 or 800-432-5859 between 7:00 a.m. and 5:45 p.m., Monday through Thursday, and 8:00 a.m. and 11:45 a.m., Friday. You may also e-mail the Service Team at serviceteam@teachershealthtrust.org.

Sincerely,

Service Department
Teachers Health Trust