



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 to be eligible for coverage as a full-time student under a Trust plan, it will be necessary for you to provide the Trust with documentation of student status for each semester or quarter your dependent is a student.

The definition of a full-time student under the Trust is a person who is enrolled in at least 12 credit hours per semester or quarter or who is otherwise defined as full-time by the educational institution being attended. You may have the school complete the enclosed verification form, or you may submit a 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 student status verification and the employee certification of dependent eligibility must be returned to the Trust no later than February 17, 2010. If the required documentation is not returned by this date, your dependent's coverage will be terminated effective February 28, 2010. If you know that your dependent will no longer meet the eligibility requirements of the Trust, please return the enclosed letter, and coverage will be automatically terminated effective February 28, 2010. 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 therefore solely dependent upon you (as defined by IRS Tax Rules), additional documentation is required. Please call 702-794-0272 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 from yours.

If you have any questions or require additional information, our Service Department may be reached at 702-794-0272 or 800-432-5859 Monday through Thursday from 7:00 a.m. to 5:45 p.m. and Friday from 9:00 a.m. to 11:45 a.m. You may also e-mail the Service Team at serviceteam@teachershealthtrust.org.

Sincerely,

Service Department
Teachers Health Trust



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STUDENT STATUS VERIFICATION

Date: _____

Employee:

Identification Number/SS#:

Student's Name:

Name and Address of College, University, or Educational Institution:

Is the above student considered full-time? Yes No

Semester/Term:

Dates of Semester/Term:

Number of Credits:

Signature of Registrar

Date

(OFFICIAL UNIVERSITY SEAL)

The Teachers Health Trust will accept this form or a comparable form or letter from the school or an authorized agent of the school as verification of school enrollment.

EMPLOYEE CERTIFICATION OF DEPENDENT ELIGIBILITY

I, , certify that I am providing 50% or more of the financial support for my dependent who has met the Trust's student status requirements. I acknowledge that it is my responsibility to notify the Trust when I am no longer providing financial support for my dependent or when my dependent no longer meets the student status requirements of the Trust.

Signature

Date



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STUDENT STATUS REQUIREMENTS NOT MET

Date: _____

Employee:

Identification/Social Security Number:

Student's Name:

My dependent, , will not meet the Trust's requirement as a full-time student for the Spring/Fall semester (circle one).

I understand that because my dependent is not a full-time student, he/she will no longer be eligible for coverage as a dependent on my health plan, but I may elect to continue his/her coverage under COBRA.

I also understand that if my dependent meets the student status requirement at a later time, I can contact the Teachers Health Trust within 31 calendar days of the beginning of a semester to apply for reenrollment.

Signature

Date