



Full-time Student Dependent Certification Form

Delta Dental provides coverage for over-age dependents as long as they remain full-time students maintaining at least twelve credits per semester. Please confirm full-time student status by providing the requested eligibility information for the dependent(s) that should be covered as full-time students:

Dependent Name	Date of Birth	Name of College or Institution Where Dependent is Enrolled	Institution Phone Number	Number of credits

Member Signature Date

Print Member Name

Group Number Subscriber ID

Please sign above to acknowledge the information provided is accurate and mail the completed form to:

OPEIU Local 6 Health & Welfare
Attn: Louise Mahoney
150 Wood Road, Suite 400
Braintree, MA 02184

OR Fax to: 781-843-3817