



**City of Lowell Human Relations Office
Verification of Full-Time Student Dependent Status**

Mary Callery
Human Relations Director

Nancy Do
Assistant HR Director

Robin Mendonca
Benefits Coordinator

Lynn Brogan
Personnel Assistant



STUDENT CERTIFICATION FORM
(Please send completed form to Human Relations)

Your City of Lowell dental insurance coverage under Delta Dental Plan of Massachusetts provides dependent coverage up to the age of 19 years. If your dependent is a full-time student, he/she is eligible for extended coverage up to the age of 23. Students must be enrolled as a full-time student (12 or more credits) at an accredited college or university. Please return the completed verification form to Human Relations to avoid any lapse in coverage. A **Student Certification Form must be completed each semester.** Please call 978-674-4105 for more information.

Student's Name: _____ Student's Date of Birth: _____

Name of School: _____

Subscriber's Name: _____ Member ID: _____

X _____
Subscriber's Signature Date

Please have this form stamped and signed by the school Registrar's Office:

I certify that _____ is or has been enrolled at _____
(Student's Name) (Name of College/University)

as a full-time student during the: _____ semester _____.
(Spring/Fall) (Year)

X _____
School Certification Stamp and Registrar's Signature Date

Completed forms must be returned to the City of Lowell Human Relations Office:

- By email: HumanResources@lowellma.gov
- By fax: 978-446-7102
- By mail: City of Lowell, Human Relations Office, 375 Merrimack St., Lowell, MA 01852
- In person: Basement Level, Room 19 in Lowell City Hall

For more information call the Human Relations Office at 978-674-4105.

City of Lowell HR Student Certification Form Revised 09/25/2017