

**STATE OF DELAWARE**  
**Office of Management and Budget**  
**Statewide Benefits Office (SBO)**

**FULL-TIME STUDENT CERTIFICATION FORM**

Form to be completed when child is not born to, adopted by, or lawfully placed for adoption with employee/pensioner and is: - unmarried; and - between ages of 19 and 24; and - resides with employee/pensioner in a regular parent-child relationship; and	- dependent upon employee/pensioner for at least 50% support; and - considered to be employee's/pensioner's dependent under Section 105 of Internal Revenue Code; and - is a full-time student in accordance with school policy.
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**EMPLOYEE/PENSIONER INFORMATION (To Be Completed By Employee/Pensioner)**

EMPLOYEE/PENSIONER LAST NAME	EMPLOYEE/PENSIONER FIRST NAME	MI	EMPLOYEE/PENSIONER ID NUMBER
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**STUDENT INFORMATION (To Be Completed By Employee/Pensioner)**

STUDENT LAST NAME	STUDENT FIRST NAME	MI
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The student is: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH ____/____/____	STUDENT SOCIAL SECURITY NUMBER
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NAME OF SCHOOL STUDENT IS ATTENDING

ADDRESS OF SCHOOL	PHONE NUMBER OF SCHOOL (     )     -
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Attach school's policy defining Full-Time Student Status AND enrollment letter, registration, or invoice to document enrollment as a full-time student.	Student is enrolled for: Number of Credit hours: _____
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	EXPECTED END DATE OF FULL-TIME ATTENDANCE?
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**TERMS OF AGREEMENT**

**I certify that:**

- 1) The statements made above are true and I understand that the State of Delaware's Office of Management and Budget (OMB) reserves the right to recover from me, claim payments made to or on behalf of an ineligible dependent;
- 2) Full-Time Student Certification Form shall be completed no later than August 1 for Fall Semester; December 1 for Spring Semester; and any other time the student's enrollment status changes. The completed form must be provided to my HR/Benefits Office who is responsible maintaining the original copy for auditing purposes by SBO;
- 3) Full-Time Student Status is defined by the school's policy and a copy of the school's transcript or letter on school letterhead stating status of enrollment must be attached to this form; and
- 4) Statement of Support form with copy of legal guardianship, permanent guardianship or custody order has also been completed and provided to my HR/Benefits Office to be maintained for auditing purposes by SBO.

EMPLOYEE/PENSIONER SIGNATURE

DATE

**A Full-Time Student Certification Form MUST be completed for each child.**  
**Employee/Pensioner MUST sign form.**  
**Benefit Coverage will be provided to the end of the month for which the child is eligible.**  
**Original: 7-26-11**  
**Revised: 11-19-14**