

## STUDENT CERTIFICATION

### DENTAL AND VISION COVERAGE

Required for all dependents 19 – 25 years of age

To be eligible, the dependent must be:

- Full-time student in an accredited institution (12 units)
- Dependent upon employee for support
- Unmarried
- Under 25 years of age

|                                |                                 |
|--------------------------------|---------------------------------|
| _____                          | _____                           |
| Dependent Name PRINT           | Date of Birth                   |
| _____                          | _____                           |
| Social Security Number         | Student I.D. Number             |
| _____                          | _____                           |
| School Name PRINT              | School Address City, State, Zip |
| (____) _____                   | www. _____                      |
| School Telephone # and Website |                                 |

I certify that the dependent shown above meets all of the requirements for coverage on my account as a full-time student. I understand that dental and vision coverage for this dependent will terminate on the first day of the month following the date that any one of these requirements is no longer met.

|                       |                                |
|-----------------------|--------------------------------|
| _____                 | XXX-XX-_____                   |
| Employee Name - PRINT | SS# Last 4 Digits              |
| _____                 | _____                          |
| Employee Signature    | Date                           |
| _____                 | _____                          |
|                       | Telephone (Home, Cell or Work) |

**Return form to Human Resources, 1290 Ridder Park Drive, MC 264-B, San Jose, CA, 95131 or fax or email to:**

| Employee Benefits Specialist | Last name beginning | Phone number   | Fax number     | email                    |
|------------------------------|---------------------|----------------|----------------|--------------------------|
| Denise Sanders               | A-G                 | (408) 453-6831 | (408) 453-3660 | denise_sanders@sccoe.org |
| Selma Murillo                | H-O                 | (408) 453-4355 | (408) 453-3658 | selma_murillo@sccoe.org  |
| Patty Tijerina               | P-Z                 | (408) 453-6681 | (408) 453-3659 | patty_tijerina@sccoe.org |