



## Dependent Verification Request

Employee Name:  
Employee Address:

Group:  
Date:  
Subscriber ID:

In order for students between the ages of 19 and 25 to be eligible for dental coverage under the City of Manchester's Delta Dental plan, the subscriber must affirm that the dependent is a full time student. To be eligible for benefits, a student must be unmarried and maintain a minimum of 12 credit hours per semester at an accredited school.

Complete this form and include a copy of the current semester official schedule, or a copy of the current semester tuition bill which shows amount of credit hours.

Dependent Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**1. Is the dependent a student in an accredited school, college, or university?**  Yes  No

If yes:

Name of the School: \_\_\_\_\_

Current school year: \_\_\_\_\_ to: \_\_\_\_\_

If no:

Is the dependent incapacitated?  Yes  No

**2. If the dependent is incapacitated, we must receive written verification from the attending physician on his/her letterhead, which must include the following information:**

- A) Type of disability
- B) Prognosis - permanent or temporary
- C) If temporarily disabled, expected duration

Upon return of this form to our office, our records will be changed to reflect the dependents status as verified by you and/or the attending physician. Students will be updated for the current school year. Please remember to notify the City of Manchester Benefits office if coverage for the dependent has changed.

If you have any questions, please feel free to contact the City of Manchester Benefits Coordinator at (603) 792-6809 or email: [benefitscoordinator@manchesternh.gov](mailto:benefitscoordinator@manchesternh.gov).

I hereby affirm that, to the best of my knowledge and belief, the information provided in this document is true and accurate.

SUBSCRIBER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
Subscriber's daytime telephone number \_\_\_\_\_