



STUDENT DEPENDENT CERTIFICATION

Employee Name: _____ UMR Identification Number: _____

Name of Employer: Onondaga County or OCC Employment Status: Active or Retired

Dependent Name: _____ Dependent Birth Date: ____/____/____

1. Is the dependent currently attending College full-time? Yes No

2. What enrollment period/semester is this certification for? Spring or Fall – Year: _____

This section is for High School Students Only

1. Is the dependent currently attending High School full-time? Yes No

a. What is the anticipated graduation date? ____/____/____

b. After graduating from High School will the dependent be attending College? Yes No

c. If the dependent is no longer attending High School, please provide the date in which he/she stopped attending, or became a part-time student: _____

This section is for College Students Only

1. Is the Dependent currently attending College as a full-time Student? Yes No

a. If yes, what is the name of the College/University the dependent is attending? _____

b. What is the anticipated graduation date? ____/____/____

c. If no, please provide the date in which he/she stopped attending school or became a part-time student: _____

2. After graduation will the dependent be attending Graduate School? Yes | No

I attest that the information shown above is true and complete. I agree to advise the County of Onondaga promptly of any changes in my child's dependent student status. I understand that any misrepresentation in the information I have provided above will permit the Onondaga County Dental Plan to terminate the dependent's membership and seek any other legal remedies available to the County of Onondaga.

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Certified through: _____

***Please Note: All Student Dependent Certification Forms must include an Enrollment Verification from your dependent(s) school. This must show your dependent(s) name, school, and current semester.**