



CARL HUMMEL
COMMISSIONER

STUDENT DEPENDENT CERTIFICATION

Employee Name: _____ Excellus 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.**