



HSTA Voluntary Employees Beneficiary Trust STUDENT CERTIFICATION FORM

SC-1

Employee's/Retiree's Last Name, First, M.I.

Member ID#

Mailing Address

Phone Number – Work

Phone Number – Home

City

State

Zip Code

Student Dependent(s):

Add/Continue	Delete	Disabled*	Student Dependents: Last Name, First Name, MI	Birth Date (MM/DD/YY)	Social Security Number	Relationship	Gender
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					M F
			School:		City:	State:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					M F
			School:		City:	State:	

Student Eligibility:

- Eligible dependents include your own child, an adopted child, a stepchild, or a foster child who is unmarried and dependent upon you for financial support.
- Dependent child age 19 years of age through 22 years of age must be a full time student at an accredited school, college, or university.
- Certification of student status and dependent eligibility is required on an annual basis. Certification occurs one (1) month before the dependent's birthday month.
- Dependents on active military duty are **not eligible**.

Certification:

I understand that my dependent shall no longer be eligible for coverage under the group plan if full-time student status ceases; s/he gets married; s/he is no longer dependent on me for financial support. I shall notify the Plan Administrator immediately if my dependent is no longer eligible for coverage.

I certify that my above named dependent is in regular full-time student attendance at named qualified institution and the information provided above is true and complete.

Employee Signature: _____ **Date:** _____

Comments:

HSTA – VEBA Trust Office Use:

HSTA Certification:	Annual Certification:	Add Effective Date:
Receipt Date:	Data Input:	Cancel Effective Date:

Please Return Completed Forms to:
HSTA-VEBA Trust
1259 Aala Street, Suite 202
Honolulu, HI 96817
1-808-440-6940 / 1-800-637-4926
Fax: 808-440-6941