

Dependent age 26 or older is no longer a full-time student

Please complete the information below and attach as a document when requesting a *Benefits Change-Dependent Child Status Change: Over age 26 and Married, or Not a Full Time Student* in Workday.

1. Insurance Contract holder name: _____
2. University ID: _____
3. Your dependent's name: _____
4. Your dependent's date of birth: _____

Complete either #5 or #6 below.

5. Did dependent graduate?

___ Yes If yes, please provide:

Date of graduation: _____

Name of Institution: _____

6. Is dependent no longer a full time student?

___ Yes If yes, please provide:

Date ceased to be a full time student: _____

Name of Institution: _____

If the dependent ceased to be a full-time student due to a medical reason, please contact the ISU Benefits Office before submitting a Benefit Change.

To the best of my knowledge, all answers above are complete and true. I understand that fraud or a material misrepresentation regarding dependent eligibility for coverage will result in termination retroactive to the date eligibility was lost and I will be responsible for the cost of services provided during the period when coverage was in effect while dependent above was not eligible for coverage.

Signature of Member

Date