

Please note: This certification will be required each semester (Fall/Spring).

Employer Name			
Employee Name		Employee ID	
Dependent Name		Date of Birth	

Your dependent may be eligible for coverage if on a medically necessary leave of absence from school ([see Michelle's Law Notice on second page for additional details](#)). In order to verify the dependent's eligibility for coverage, you must provide the following certification of student status and, if applicable, eligibility for continued coverage under **Michelle's Law** by submitting a completed Certification of Student Status and completed Certification of Student Medical Leave.

Please provide the following information on the dependent named above so that we can determine benefit eligibility for the semester of:		
Is the dependent a full time student at an accredited school?	Yes	No
<i>If yes, please provide the name, address and the telephone number of the school attending:</i>		
How many credit hours this semester?		
Expected Date of graduation		
<i>If no, please provide the last date that this dependent was an active full-time student.</i>		

I hereby certify that the above information is true and complete.

Signature

Date

Certification of Student Medical Leave

To be completed and signed by the treating physician of the dependent child if the child is seeking a medically necessary leave of absence from school under **Michelle's Law**.

If the dependent is seeking a medically necessary leave of absence from school, in addition to the information provided above, the dependent's physician must complete the following and sign below:

The undersigned physician hereby certifies that the above-named dependent student is suffering from a serious illness or injury and that the dependent's leave of absence (or other change in enrollment of the dependent at the school) is medically necessary.

Describe dependent's medical condition:

	Beginning Date	End Date
Date of dependent's medical leave		

I hereby certify that the above information is true and complete.

Signature of Attending Physician

Date

Please return completed form to Attn: Eligibility Department at fax # 704-845-5629 or PO Box 1178 Matthews, NC 28106

Michelle's Law Notice

Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence

Michelle's Law applies to group health plans for plan years beginning on or after October 9, 2009 (for calendar year plans, the law is effective beginning January 1, 2010). Michelle's Law provides continued coverage under group health plans for dependent children who are covered under the group health plan as a student but lose their student status because they take a medically necessary leave of absence from school.

As a result, if your child is no longer a student, as defined in the plan, because he/she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to 12 months from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the child at the institution, that:

1. begins while the child is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the child to lose student status for purposes of coverage under the plan.

For purposes of Michelle's Law provision, "medically necessary" means that a serious illness or injury prevents the dependent child from continuing to perform substantially all of the requirements required to maintain full-time student status.

The coverage provided to dependent children during any period of continued coverage:

1. is available for up to 12 months year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your child had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed during this one-year period, the plan must provide the changed coverage for the dependent child for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for dependent children.

If you believe your child is eligible for this continued coverage, the child's treating physician must provide a written certification to the plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

Coordination With COBRA Continuation Coverage: In accordance with COBRA, you must notify the Plan Administrator when Michelle's Law coverage no longer applies to your dependent, or eligibility otherwise ends for your dependent, and the appropriate COBRA notice will be provided. Please refer to your Summary Plan Description for the notice requirements under COBRA.

Questions? If you have any questions regarding the information in this notice or your child's right to Michelle's Law's continued coverage, you should contact Benefit Management Services Eligibility Department 1.800.228.1803 ext 3151. Also refer to your Summary Plan Description for important information about plan benefits, eligibility provisions, plan exclusions, and limitations.

Until Certification of Student Status is provided, dependent's coverage will be pended as of the start of the semester indicated.