



Human Relations • Office of the City Manager
 City Hall • 375 Merrimack Street, Room 19 • Lowell, MA 01852
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www.LowellMA.gov

City of Lowell Human Relations Office
 Verification of Full-Time Student Dependent Status



Kellie A. Hebert
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STUDENT CERTIFICATION FORM
(Please send signed & stamped form to Human Relations)

Your City of Lowell family dental insurance coverage under Delta Dental Plan of Massachusetts provides dependent coverage up to the age of 19 years. If your dependent is a full-time student, he/she is eligible for extended coverage up to the age of 23. Students must be enrolled as a full-time student (12 or more credits) at an accredited college or university. Please return the completed verification form to Human Relations to avoid any lapse in coverage. Please call 978-970-4105 for more information.

Student's Name: _____ Date of Birth: _____

Student's Social Security Number: _____ Name of School: _____

Subscriber's Name: _____ ID Number: _____

 Subscriber's Signature Date

Please have this form stamped and signed by the school Registrar's Office:

I certify that _____ is or has been enrolled at _____
 (Student's name) (Name of College/University)

as a full-time student during the: _____ semester _____
 (Year)

 School Certification Stamp and Registrar's Signature Date

Completed forms must be returned to the City of Lowell Human Relations Office:

- By email: ssouthworth@lowellma.gov or cbaldwin@lowellma.gov
- By fax: 978-446-7102
- By mail: City of Lowell, Human Relations Office – Rm 19, 375 Merrimack St., Lowell, MA 01852
- In person: Basement Level, Room 19 in Lowell City Hall

For more info, contact Stephanie Southworth at 978-970-4105 or ssouthworth@lowellma.gov.

City of Lowell HR Student Certification Form Revised 03/17/11