



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

Mary Callery
Human Relations Director

Nancy Do
Assistant HR Director

Rosa Hun
Benefits Coordinator

Lynn Brogan
Personnel Assistant



STUDENT CERTIFICATION FORM
(Please send completed form to Human Relations)

*Your City of Lowell 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. A **Student Certification Form must be completed each semester.** Please call 978-674-4105 for more information.*

Student's Name: _____ **Student's Date of Birth:** _____

Name of School: _____

Subscriber's Name: _____ **Member ID:** _____

X _____
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 _____.
(Spring/Fall) (Year)

X _____
School Certification Stamp and Registrar's Signature

Date

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

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

For more information call the Human Relations Office at 978-674-4105.

City of Lowell HR Student Certification Form Revised 09/25/2017