



Student Waiver for Dental Benefits

*** This Form Is for UVM Records Only ***

Delta Dental will send out a **student certification form** for you to complete when a claim is received for your dependent who is 19 years-of-age or older.

Student Certification

- My dependent listed below still qualifies for student status and should remain covered under my membership with Delta Dental.

I hereby certify that my dependent _____ is unmarried,
(**PRINT** Student's Name)

under the age of 24, and enrolled full-time (12 or more credits per semester for undergraduates)

at _____, for the semester beginning _____
(Name of School) (Date)

If you have questions concerning this notice, please e-mail HRSInfo@uvm.edu or call the HRS Employee Information Center at 656-3150.

(**PRINT** Subscriber's Name)

(Subscriber's Signature)

(Date)

** Please send this completed form to Human Resource Services at the address listed below. **

Human Resource Services ♦ Trusted Partner ... Smart Solutions

85 South Prospect Street, 228 Waterman Building, Burlington, VT 05405
Call 802.656.3150 — Fax 802.656.3476 — HRSInfo@uvm.edu — www.uvm.edu/hrs

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