



Please review the “Dependent child eligibility guidelines” document on the home page of your MyMESSA member account to verify that the child named below is eligible for continued coverage as a full-time student. **Failure to submit this form by Nov. 14, 2025, may result in your child’s coverage being cancelled on Dec. 31, 2025.**

### 1 Member Information

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER		
<input type="text"/>		

### 2 Dependent Information

FIRST NAME	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

To qualify as a full-time student, your child must meet **all** the following criteria:

- Is unmarried
- Relies on you to provide the majority of their financial support
- Has had continuous coverage
- Is, or will be, a full-time student carrying a minimum of 12 undergraduate credits or 6 graduate credits

My child is (or will be) a full-time student in 2026, attending the following institution:

NAME OF ACCREDITED SCHOOL, COLLEGE OR UNIVERSITY	PHONE NUMBER
<input type="text"/>	<input type="text"/>

I hereby claim that the above information is current and to the best of my knowledge is valid and accurate.

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Important note:** If your child is a full-time student but becomes ill or is injured and is unable to continue taking classes, please contact MESSA Group Services at 888-888-4167 to discuss continuing their coverage under “Michelle’s Law.”

If your child has a physical or intellectual impairment, complete and submit to MESSA the “**Coverage for dependents with severe physical or intellectual impairment(s)**” form available on your MyMESSA member account under the “Enrollment” section. Be sure to include all applicable documentation.

I agree that it is my responsibility to notify my employer and MESSA if there is a change in my child’s eligibility for coverage. I understand the eligibility criteria and acknowledge that if this verification form is not completed and returned by **Nov. 14, 2025**, my child’s coverage may be terminated.