



FULL-TIME STUDENT CERTIFICATION (FOR ACTIVE PARTICIPANTS)

PARTICIPANT MUST COMPLETE AND AGREE TO THE FOLLOWING

Participant Name: _____ SSN or ID Number: _____

Dependent-Student Information

Name: _____ Date of birth: _____ SSN last 4 digits: _____

If your dependent resides at an address different than yours, please provide that address:

Address: _____

City, ST, Zip: _____

I hereby certify that my unmarried dependent named above is:

- 1. Dependent upon me for primary support, and
2. A full-time student in an accredited college or trade school.

School Name: _____

School Address: _____

[] Semester Based School (minimum of 12 units per semester required):

[] Fall ___/___ Semester [] Spring ___/___ Semester Graduation ___/___ (mm/yy)

[] Quarter Based School (minimum of 10 units per quarter required)

[] Fall ___/___ Quarter [] Winter ___/___ Quarter [] Spring ___/___ Quarter (mm/yy)

Graduation ___/___ (mm/yy)

[] Trade/Vocational School (minimum of 25 hours per week required):

Enrollment period from: ___/___ to ___/___ (mm/yy)

[] High School (minimum of 20 hours per week required):

Enrollment period from: ___/___ to ___/___ (mm/yy)

Before signing, please review the instructions on the back of this form

Participant's Signature: _____ Date: _____

Requirements for Maintaining Health Insurance Coverage as a Full-Time Student

If your unmarried child is dependent upon you for primary support and is a full-time student in a fully accredited school or college, he/she remains eligible for the Motion Picture Industry Health Plan for Active Participants' ("MPI" or "Plan") benefits until his/her 23rd birthday or graduation, whichever comes first, provided the enclosed Full-Time Student Certification Form and the applicable premium payment is received by MPI.

If your student falls below full-time status, he/she will become ineligible for dental and vision benefits at the end of the month in which he/she withdraws from one or more classes (prior to the end of the session) bringing the total number of units or hours to below full-time. You must notify the Plan immediately of the date of withdrawal.

Full-time status means:

- Quarterly System: Your child must attend at least three quarters per year and carry a minimum of 10 units per quarter.
- Semester System: Your child must attend two semesters per year (spring and fall) and carry a minimum of 12 units per semester.
- Trade, Technical or Adult Education: Your child must be in attendance 25 hours or more per week. Students attending school to acquire a high-school diploma are required to attend 20 hours per week.

About the Full-Time Student Certification Process

The Plan relies on the information contained in this certification to make its determination regarding your child's eligibility to receive medical/hospital, prescription, dental and vision benefits.

You must notify the Plan immediately if your dependent graduates or is no longer a full-time student. You are responsible for any expenses paid by the Plan on behalf of your dependent for services incurred after he/she is no longer a full-time student.

If your child is no longer a full-time student, he/she is eligible to continue hospital, medical and prescription benefits (not vision or dental benefits) through the Plan up to age 26.

The Plan reserves the right to periodically conduct an audit to verify that your child was a qualified full-time student during the period in which health coverage was provided. If the audit shows that your child was not a full-time student during the period in which health coverage was provided, you assume responsibility for any expenses paid out by MPI for the ineligible period(s). If you do not refund the amount that is requested, MPI may withhold any payment of future claims otherwise due to you and your qualified dependents, including payment for medical visits, prescription and hospital costs, dental and vision care, and offset that against the amount that you owe.

Always let the Plan know if your dependent(s) have other insurance coverage, and if your dependent(s) have a different address than yours. For more information, please refer to your Summary Plan Description, which is available at www.mpiphp.org.