

**Bakers Union and FELRA
Health and Welfare Fund**

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
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**STUDENT CERTIFICATION FORM
FOR DEPENDENT CHILD OVER AGE 19**

Please print clearly (except where signature is required)

I hereby certify that my son/daughter _____, Social Security Number _____, is under age 23, is unmarried, is financially dependent on me for support and (check the appropriate box):

- Is a full-time student at an accredited school, or,
- Is on a Medically Necessary Leave of Absence from his/her accredited school, and but for that leave of absence, he/she would be a full-time student at that accredited school. (If your child has to leave school or become a part-time student due to an illness or injury, please read the Michelle's Law Notice on the reverse side of this form to determine if you should check this box).



(Name of School)

(Address of School)

(Dean of Studies)

His/Her enrollment at the above school began _____; the expected date of graduation is _____. I understand that his/her coverage will terminate at the end of the day **prior to the day** on which he/she marries, ceases to be financially dependent on me for support, turns age 23, ceases to be a full-time student or ceases to be eligible for Michelle's Law coverage.

Please note that a Student Certification Form must be submitted annually in order for coverage to continue.

Date

Participant's Signature

Participant's Social Security Number

Participant's Employer

School Stamp of Endorsement

MICHELLE'S LAW NOTICE

Starting January 1, 2010, Michelle's Law protects postsecondary school students who have to take a Medically Necessary Leave of Absence ("Leave") from school due to a serious illness or injury from losing their medical coverage under the Plan, which is based on their full-time student status. A qualifying Leave may take the form of a total leave of absence from school or another change in enrollment status, such as a reduction to part-time student status. Students who qualify under Michelle's Law may continue to be covered under the Plan as full-time students for one year from the first day of their Leave or the date that their coverage would otherwise end (such as attaining age 23), whichever occurs first.

To be qualified for continued coverage under Michelle's Law, a child must be:

- (1) Enrolled in the Plan on the basis of being a full-time student immediately before the first day of his/her Leave; and
- (2) On a Leave from an accredited postsecondary educational institution (whether it is a total leave or a leave that results in a reduction to part-time student status) that (1) begins while the student is suffering from a serious illness or injury, (2) is medically necessary and (3) causes the student to lose full-time student status for purposes of medical coverage under the Plan.

To obtain continued coverage under Michelle's law for your child, you must:

- (1) Complete the Student Certification Form for Dependent Child Over 19, including checking off the second box and providing the required information regarding the school; and
- (2) Provide a certification from your child's treating physician that verifies that: (a) your dependent child is suffering from a serious illness or injury, and (b) the leave of absence (or other change in enrollment status) is medically necessary. For your convenience, the "Physician Certification to the Bakers Union & FELRA Health and Welfare Fund" form is attached.

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**PHYSICIAN CERTIFICATION TO THE
BAKERS UNION & FELRA HEALTH AND WELFARE FUND**

I _____, the treating physician for _____ (patient's name) (the "Patient"), certify to the Bakers Union & FELRA Health and Welfare Fund that, based on my examination and treatment of the Patient, as well as my medical experience and professional judgment, the Patient is suffering from a serious illness or injury that commenced on _____ (date illness or injury commenced). I further certify that, due to this serious illness or injury, the Patient needs to take a medically necessary leave of absence from his/her full-time studies.

Signature of Treating Physician

Date

Printed Name of Treating Physician

Address

Medical Specialty/Type of Practice

Phone Number