

TOLEDO ELECTRICAL BENEFIT PLANS
P.O. BOX 60408
ROSSFORD, OH 43460
TELEPHONE: (419) 666 4450 FAX: (419) 666 5410

Dependent/Student Eligibility Form

Member Information:

Name: _____ SS#: _____

Dependent Information:

Name: _____ DOB: _____ SS#: _____

School Information:

Name of School: _____

Expected Graduation Date: _____

February – August _____ (Year) Full Time Yes ___ No ___

September – January _____ (Year) Full Time Yes ___ No ___

If other circumstances apply, please explain: _____

Note: The Board of Trustees is pleased to announce that effective immediately, the dependent limit age has been extended from the date of graduation to the “end of term”. For example:

If your dependent graduates from high school or college in May, your coverage will extend to August 31st. If your dependent graduates from high school or college in December, your coverage will extend to January 31st. Coverage for age 25 dependents remains the same. Coverage will terminate at the end of the month in which the dependent turns 25.

School Registrar Stamp & Signature: _____

Telephone Number: _____ Date: _____

THIS FORM IS NOT VALID UNLESS IT IS SIGNED BY A SCHOOL REPRESENTATIVE OR A LETTER OF VERIFICATION OF YOUR STUDENT STATUS IS RECEIVED ON SCHOOL LETTERHEAD