DELTA DENTAL

Full-time Student Dependent Certification Form

Your Delta Dental plan provides coverage for overage dependents as long as they remain full-time students. Please confirm full-time student status by providing the requested eligibility information for the dependent(s) that should be covered as full-time students:

Dependent Name	Date of Birth	Name of College or Institution Where Dependent is Enrolled	Semester Start Date

Member Signature Date

Print Member Name

Group Number Subscriber ID

Please sign above to acknowledge the information provided is accurate and mail the completed form to:

Delta Dental of Massachusetts
PO Box 9695
Boston, MA 02114-9695
Attn: Enrollment Department

OR Fax to: 617-886-1293