

# STUDENT VERIFICATION OF ELIGIBILITY

CS-1830  
REV 7/2023

EMPLOYEE NAME	EMPLOYEE ID NO.	EMPLOYEE DAYTIME PHONE
DEPENDENT NAME (Parent of grandchild)	DEPENDENT BIRTHDATE (Parent of grandchild)	

## Eligibility Criteria

For a grandchild to be considered eligible to enroll in an employee's health, dental, vision, and/or dependent life insurance benefits that their parent is currently covered under, the parent of the grandchild must be the employee's child by birth, legal adoption/placement, or a stepchild. Additionally, between the ages of 19 up to their 25<sup>th</sup> birthday, the parent of the grandchild must meet all the following criteria:

1. Regularly attending an accredited educational institution. Students may have a lapse of attendance for only one term or semester (Winter, Spring/Summer, or Fall) per calendar year to be considered regularly attending, **AND**
2. Receive at least 50% economic support from the employee, **AND**
3. Unmarried

## Required Documentation

The following required documentation must be provided to the MI HR Service Center prior to the grandchild being added to insurance benefits and must include:

1. A copy of the grandchild's birth certificate, **AND**
2. Completed Student Verification of Eligibility form (CS-1830), **AND**
3. Tax documentation proving you provide at least 50% support to the parent of the grandchild (e.g., a copy of the most recent federal 1040 form filed), **AND**
4. School records proving the grandchild's parent is regularly attending an accredited educational institution (e.g., class schedule, transcript, or letter). The school record must include the parent of the grandchild's name, the name of the accredited educational institution, and the current or prior term attended.

NAME OF ACCREDITED EDUCATIONAL INSTITUTION DEPENDENT IS ATTENDING

**I certify that the dependent listed above meets all the eligibility criteria.**

EMPLOYEE SIGNATURE

DATE

**NOTE: Falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and prosecution.**

Return the completed form and the required documentation to:

**MI HR Service Center**  
Capitol Commons Center  
P. O. Box 30002  
Lansing, MI 48909  
**Email:** MCSC-MIHR-Docs@mi.gov  
**Fax:** 517-241-5892  
**Telephone:** 877-766-6447