



**County of San Bernardino
OVER-AGE DEPENDENT CERTIFICATION
(Dependent child age 19 or over)**

Must print in Black or Blue ink ONLY.

| | |
|-----------------------------|------------------------------|
| Employee ID # | Last Name, First Name |
| Name of Medical Plan | Name of Dental Plan |

COMPLETE ONE FORM FOR EACH DEPENDENT CHILD AGE 19 OR OVER

| | |
|--------------------------------|----------------------|
| Dependent Name | Date of Birth |
| Relationship to Retiree | |

Check one of the following:

- Dependent is 19 or more years of age and is incapable of self-sustaining employment because of a physical or mental condition. (Proof of physical or mental condition required.)
- Dependent is an unmarried, full-time student between the ages of 19 through 23 and is financially dependent upon retiree in accordance with Internal Revenue Code Section 125.

Note: Full-time student status requires 12 semester/quarter units.

The above-named dependent is enrolled as a full-time student at:

| | | |
|------------------------|-------------------------|---|
| School Name | School Telephone | |
| School Address | | |
| For School Year | Number of Units | Type of Unit <input type="checkbox"/> Quarter <input type="checkbox"/> Semester |

I certify that, to the best of my knowledge, all information furnished by me here is true and correct.

| | | |
|--------------------------|------------------|-------------|
| Retiree Signature | Telephone | Date |
|--------------------------|------------------|-------------|

RETURN FORM TO:

San Bernardino County
Employee Benefits and Services Division (EBSD)
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440