

Confirmation of Full-Time Student Status for Health Benefits Eligibility

TO BE COMPLETED BY SUBSCRIBER:

I hereby certify that my son/daughter, _____, is unmarried, maintains legal residence in the Service Area and is a full-time student enrolled in an accredited school. His/her date of birth is _____.

I understand that his/her protection under my coverage may terminate on the last day of the calendar month in which he/she marries, ceases to maintain legal residence in the Service Area, or ceases to be a full-time student.

Dependent's Social Security #

Subscriber's Signature

Date

Subscriber's Social Security #

TO BE COMPLETED BY THE SCHOOL REGISTRAR:

Please complete the following information on the above named student and return in the enclosed envelope.

Name and Address of School:

Telephone # of School: _____

At the beginning of each semester (Fall/Spring) the enrolled full-time student will be required to have verification of attendance, including the beginning and ending date of attending school.

Expected length of attendance this semester:

(Month), (Year) To (Month), (Year)

If the above student has been continuously enrolled as a student at your institution, has he/she been a full-time student? Yes No If No, please explain:

Verified By:	_____	Date:	_____
Title: _____			

Please affix school seal here: