

Student Status Verification Form

COMPLETE THE NEXT SECTION AND FORWARD THIS FORM TO AN AUTHORIZED SCHOOL REPRESENTATIVE

Date	
Member Name	
Social Security Number	
Dependent Name	

This is to certify that the above named dependent is attending, as a full-time student:

School Name	
School Address	
Enrollment Date	
Anticipated Grad. Date	
Current Semester Date	Through

I hereby certify that this information is accurate.

Signature		Date	
Title			
Telephone			

PROOF OF STUDENT STATUS IS REQUIRED EACH YEAR

This form must be submitted annually before the Fall semester begins. If your child is attending school on a full-time basis during the Fall semester, the Plan will assume that he or she will continue to attend school during the following Spring semester as well, and will also be enrolled for the following Fall unless you notify us otherwise. If we are advised that this dependent is to attend school and does not, all claims paid during this period will be considered overpaid and a refund request will be issued. If this dependent will not be returning to school, please contact Member Services for information regarding continuation of benefits.