



# 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: