

STUDENT STATUS-REQUEST FOR INFORMATION

In order to consider benefits for your dependent child as a full-time student, we need to verify full-time student status. We may require verification each semester.

YOU MAY VERIFY FULL-TIME STUDENT STATUS BY USING THIS FORM OR BY OBTAINING CERTIFICATION ON LINE AT WWW.STUDENTCLEARINGHOUSE.COM. IF YOU OBTAIN CERTIFICATION THROUGH THE CLEARINGHOUSE, PRINT IT, ATTACH TO THIS FORM AND RETURN TO US.

Proof of Student Status is required to process claims for services rendered between:

January 1 st and August 31 st	Spring Semester For the Year
September 1 st and December 31 st	Fall Semester For the Year

Note: Proof of Student Status is required for each period during which services are rendered.

PLEASE NOTE: WE CAN ONLY ACCEPT STUDENT STATUS VERIFICATION FOR THE CURRENT OR PRIOR SEMESTER(S). PRE-REGISTRATION FORMS, TUITION BILLS, CLASS SCHEDULES, REPORT CARD & STUDENT I.D. CARDS WILL NOT BE ACCEPTED. ANY FORM FOR THE CURRENT SEMESTER MUST BE COMPLETED AFTER YOUR DEPENDENT CHILD STARTS CLASSES.

The following information is required. Parts A and B must be completed in full. PLEASE PRINT.

PART A- TO BE COMPLETED BY THE INSURED

Name of Dependent Student: _____
Student's Social Security Number: _____
Name of Insured: _____
Insured's Social Security Number: _____
Name of Insured's Employer: _____
Signature of Insured: _____ Date: _____

PART B- TO BE COMPLETED BY THE ACCREDITED EDUCATIONAL INSTITUTION

Name of School: _____
Name of Student: _____
Who is registered as a FULL-TIME ___ or PART-TIME ___ student (please check one)
For the Fall, ___ or Spring, ___ semester which (please enter year)
Begins ___/___/___ and ends ___/___/___ (please enter month/day/year)
Expected date of graduation: ___/___/___ (please enter month/year)

INCLUDE OFFICIAL SCHOOL STAMP/SEAL