

**Employee Signature** 

## **Student Verification Form**

Employee Name
University ID
Home Address
To continue coverage, eligible dependents over the maximum dependent age of 19 must be enrolled as a full-time student at an accredited educational institution. <b>This form must be completed and returned with supporting documentation from the</b> educational institution.
This form may be used to update student status at any time. Failure to provide complete and accurate information may result in cancellation of coverage.
If a student is no longer eligible for coverage as a dependent, he/she may be eligible for continuation of coverage under federal and state guidelines.
If you have questions, please contact the Benefits Service Center at 1-888-971-0101.
STUDENT VERIFICATION INFORMATION
Dependent is not a full-time student.
Date dependent was no longer a student
(Dependent's coverage will be terminated according to the terms of the current policy.)
Dependent is a full-time student at an accredited institution.
Dependent Name Date of Birth
Current Semester Start Date Hours Enrolled Graduation Date
Educational Institution
City State Zip Code Telephone

Date