



FULL-TIME STUDENT VERIFICATION FORM FOR DEPENDENT CHILDREN

1. I certify that my child, _____ is _____ years of age and is now a full-time student enrolled in high school, in an undergraduate course of study at college or university or in a technical or professional school. The name of the educational institution is: _____

2. The address of the educational institution’s registration office is:

3. I authorize the educational institution to release any information regarding the enrollment status of my son/daughter.

Employee Social Security Number: __ __ __ - __ __ - __ __ __ __

Printed Name: _____

Signature of Employee (Parent)

Date

Student’s Social Security Number: __ __ __ - __ __ - __ __ __ __

I authorize the educational institution to release any information regarding my enrollment.

Signature of Student

Date

Is the child covered by any other medical plan? _____.

If so, please provide the name, plan/group number, address, and phone number of the plan(s):

This form must be submitted in the calendar year in which your child turns age 19 and every year thereafter that the child is eligible to participate in the Plan.

MICHELLE’S LAW NOTICE

Pursuant to Michelle’s Law, a child who would otherwise be eligible for coverage under the Plan due to full-time student status will remain eligible to participate in the Plan if a medical condition prevents the child from enrolling in an educational institution or requires the child to take a medically necessary leave of absence from the educational institution. Please see section b)iii) of the Dependent Children section of the Plan for more information.