

FULL-TIME STUDENT VERIFICATION FORM

POLICY # _____ **GROUP/EMPLOYER NAME** _____
ID # _____ **EMPLOYEE NAME** _____
DEPENDENT/STUDENT NAME _____

PART 1: TO BE COMPLETED BY THE COVERED EMPLOYEE

I certify that the above listed dependent is _____ years of age and is now a full-time, unmarried student who is dependent upon me for support and is claimed as an exemption on my federal tax return. If the dependent ceases to be a full-time student, or his/her dependent status changes, I will immediately notify my employer or plan administrator. The above-listed dependent attends/attended the following educational institution:

Name of School _____

Address of School _____

Phone Number _____

I declare under penalty of law that the foregoing is true and correct. In addition, I authorize the said institution to release any information regarding the enrollment status of my son/daughter.

Signature of Employee

Date

PART 2: TO BE COMPLETED BY THE STUDENT

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

Signature of Student

Date

Social Security #

PART 3: TO BE COMPLETED BY THE REGISTRAR OF THE EDUCATIONAL INSTITUTION

This is to certify the individual named in Part 1 is enrolled as a full-time student.

This student has been continuously enrolled as a full-time student:

From Date _____

Through Date _____

PART 3 (continued)

Please note any periods of time where this student was not enrolled as a full-time student:

Anticipated Graduation Date _____

Name of School _____

Address of School _____

Phone Number _____

Authorized Signature

Date

Please affix school seal here: