

Full-Time Student Status Request Form

Employer: _____

SS# of Employee: _____

Employee Name: _____

Dependent Name: _____

- ◆ Upon review of our records, we have found that you have a dependent:
 Attaining age nineteen Age nineteen or older

- ◆ Because the Plan/Policy contains dependent children age limitations, we need to have this form completed. Please respond immediately in order to have charges considered.

To Be Completed By Employee

- ◆ Does _____ qualify as a dependent for income tax purposes?

Yes No

- ◆ Does he/she reside in your home?

Yes No

- ◆ Is he/she employed?

Yes No

- ◆ If Yes,

Full time Part time

- ◆ Does he/she carry other coverage?

Yes No

- ◆ Is he/she a full-time student?

Yes No

- ◆ If yes, the section below must be completed by the institution and returned.

- ◆ If no, your dependent's coverage is terminating, and he or she may be eligible to continue under "COBRA"; Notify your employer if you are interested in continuing coverage.

To Be Completed By School Registrar (Or Attach Copy of Current Class Registration)

- ◆ Number of credit hours established to define a full-time student of your institution _____

- ◆ This student is enrolled for the _____ semester, for a total of _____ credit hours.

- ◆ Proposed graduation date of this student is _____

- ◆ Name and address of institution: _____

