The Employee Benefit Service Center
THIRD PARTY ADMINISTRATOR

Please return form to
Attn: Eligibility Department
The Employee Benefit Service Center
P.O. Box 1803
Dublin, Ohio 43017
Ph.: 800-820-4516; Fax: 614-793-9733

STUDENT CERTIFICATION

To the Plan Participant:

Your benefit plan must have verification of full-time student status in order to provide coverage for dependent students of participating employees. To improve and expedite service, both you and your dependent student must sign the completed form. In addition, it is necessary for the student to get a signed confirmation from the school in the section provided below. Once this form has been completed, please forward it to the Eligibility Department at the above address or to the listed fax number.

1. Employee's Employer: _____ Group Number: _____

2. Employee's Name: _____ Member ID: _____

3. Student's Name: _____ Social Security Number: _____

Address: _____
Number and Street City State Zip

4. Student's Birthday: _____ - _____ - _____ 5. Relationship to Employee: _____

6. Student is: ☐ Single ☐ Married ☐ Divorced ☐ Separated

7. Is student employed? ☐ Yes ☐ No If Yes, ☐ Full-time ☐ Part-time ☐ School Vacation Period Only

Name and address of employer: _____

8. Is student covered under any other group medical insurance or pre-payment program? ☐ Yes ☐ No

If yes, identify the other insurance carrier: _____ Policy Number: _____

Policyholder: _____

9. Full name and address of school in which student is enrolled: _____

_____

_____

I AUTHORIZE THE ABOVE NAMED SCHOOL TO VERIFY AND/OR RELEASE ANY INFORMATION NECESSARY TO CONFIRM MY FULL-TIME ATTENDANCE AT THE SCHOOL FOR THE PURPOSE OF ESTABLISHING MY STUDENT STATUS.

_____ _____
Signature of Student Date

I CERTIFY THAT THE DEPENDENT IS A FULL-TIME STUDENT AND THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUESTED WITH RESPECT TO THIS CERTIFICATION.

_____ / _____
Signature of Policyholder Date

- SCHOOL CONFIRMATION -

SCHOOLSTAMP

Please confirm whether the above-named student is enrolled at your institution by checking the appropriate item(s) below:

The individual identified above: ☐ is a full-time student ☐ is a part-time student

Please indicate the dates of the current enrollment period:

From: _____ To: _____

_____ _____
Signature of Registrar or Other School *Official* Date